

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90030 012 \*\*\*\*50.00

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**DOCUMENT # L01000014639**

1. Entity Name

**NECMB, L.L.C.**



Principal Place of Business

Mailing Address

**65 E. NASA BLVD., SUITE 201  
MELBOURNE FL 32901**

**65 E. NASA BLVD., SUITE 201  
MELBOURNE FL 32901**

2. Principal Place of Business

**7332 OFFICE PARK PLACE**

3. Mailing Address

**7332 OFFICE PARK PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE. 101**

**STE. 101**

City & State

City & State

**MELBOURNE, FL**

**MELBOURNE, FL**

Zip

Country

Zip

Country

**32940**

**USA**

**32940**

**USA**

6. Name and Address of Current Registered Agent

4. FEI Number **59-2827927**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**WILKINSON, MYLES H**

**65 E. NASA BLVD., SUITE 201 7332 OFFICE PARK PLACE  
MELBOURNE FL 32901 STE. 101**

**MELBOURNE, FL 32940**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable. (Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **CORPORATE PROPERTY GROUP INC**  
STREET ADDRESS **65 E NASA BLVD STE 202**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **"** ☒ Change ☐ Addition  
NAME **"**  
STREET ADDRESS **7332 OFFICE PARK PLACE, STE. 101**  
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/8/03**

**321/951-1500**

CR2E083 (10/02)