

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024674, . . .

1. Entity Name
NSI CFH DEVELOPMENT, LLC



Principal Place of Business
5215 S. WESTSHORE BLVD., SUITE 29
TAMPA, FL 33611

Mailing Address
5215 S. WESTSHORE BLVD., SUITE 29
TAMPA, FL 33611

DO NOT WRITE IN THIS SPACE



04022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
36-4509867

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POSTON, WILLIAM G
5215 S. WESTSHORE BLVD., SUITE 29
TAMPA, FL 33611

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IN THIS SPACE**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

1100000128520
04/26/04-80041-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
MGRM
O'NEILL, PATRICK J
26657 WOODWARD AVE STE 100
HUNTINGTON WOODS, MI 48070

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #