LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000031609



FILED Mar 27, 2003 8:00 am Secretary of State 03-27-2003 90013 022 ****50.00

NI UMTM	NVESTMENTS, LLC	,		03-27-2003	
	DO NOT WRITE	IN THIS SE	PACE		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		1134 RIDGEWOOD Ave. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
,,,,,		<u> </u>			
City & Stat		City & State Hoccy Hick	. Fr.	4. FEI Number 74-3070665	Applied For Not Applicable
Zip 321	Country	Zip 32117	Country	5. Certificate of Status Desired	□ \$5.00 Additional
321	117 U.S.	<u> </u>	<u> </u>	7. Name and Address of Current	Fee Required Registered Agent
			Name		
	DO_NOT_W	RITE		HAEL J. DUKKIN P.OBox Number is Not Acceptable) .
	IN THIS SE	ACE	<i>5</i> 950	Shady Creek Ln	•
				ORANGE	Zip Code
8. The above	e named entity submits this statement fo	or the purpose of changing its			
	tions of registered agent.	,			11
SIGNATURE	Signature, typed or printed harms of registered agent	MICHAEL and title if applicable.	J. DURKIN 1	MANAGING MEMBER	3/24/03
	ognitude, typote or printed fairly of logistation agent		EE IS \$50.00		
		Make Check Payable	[1] [[1] [[1] [[1] [[1] [[1] [[1] [[1]		
			UE BY MAY 1	nt or state	
9.	MANAGING MEMBE			nt or State	
TITLE	mgem		UE BY MAY 1	nt of Size	3,003
TITLE NAME	MICHAEL J. DURKIN		UE BY MAY 1	nt of Size	11.000
TITLE	MICHAEL J. DUEKIN 5950 Shady Creek Ln.	RS/MANAGERS	UE BY MAY 1	nt of Size	7
TITLE NAME STREET ADDRESS	MICHAEL J. DURKIN	RS/MANAGERS	TITLE NAME STREET ADDRESS	nt or Size	TEREST (12,000)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGRM MICHAEL J. DURKIN 5950 Shady Creek 4n. Port Orange, Fl. 3212 MGR TERNY DURKIN	ERS/MANAGERS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m of Size	CONTROL OF THE PROPERTY OF THE
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE