

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90055 006 \*\*\*\*50.00

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<b>DOCUMENT # L03000003249</b> 1. Entity Name NRC BUILDING, L.L.C.			
Principal Place of Business 1586 28TH AVENUE VERO BEACH, FL 32960		Mailing Address 1586 28TH AVENUE VERO BEACH, FL 32960	
2. Principal Place of Business <i>2258 SW Golden Bear Way</i>		3. Mailing Address <i>SAME AS # 2</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Palm City FL</i>		City & State 	
Zip <i>34990</i>		Zip 	
Country <i>MARTIN</i>		Country 	
4. FEI Number 04-3737922		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  CUCCURESE, NANDO 2258 SW GOLDEN BEAR WAY PALM CITY, FL 34990		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CUCCURESE, NANDO 2258 SW GOLDEN BEAR WAY PALM CITY, FL 34990	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE:</b> <i>[Signature]</i>		Date <i>3/7/05</i> Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			