2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jul 06, 2005 08:00 AM — **DOCUMENT # L03000021331** Secretary of State 1. Entity Name NL, LLC Mailing Address Principal Place of Business 4390 NORTH FEDERAL HIGHWAY, SUITE 101 4390 NORTH FEDERAL HIGHWAY, SUITE 101 FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 CR2E083 (10/03) 06292005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number Not Applicable 75-3123666 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRANZON, NERI DO NOT WRITE 4390 NORTH FEDERAL HIGHWAY, SUITE 101 FORT LAUDERDALE, FL 33308 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, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by September 7, 2005 9. MANAGING MEMBERS/MANAGERS TITLE MGRM FRANZON, NERI NAME 4390 NORTH FEDERAL HIGHWAY #101 STREET ADDRESS U00000371037 07/06/05-80008-004_50.00 CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 trisker empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

GIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE