2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # L03000028681 1. Entity Name RM-NA HB FOUR OFFICE BUILDING, LLC					<u> </u>	04-29-20	004 90063	. 048 ***	**50.00
	•			1	,				
Principal Place	e of Business	Mailing Address	Mailing Address						
3325 SOUTH UNIVERSITY DRIVE, STE. 210 DAVIE, FL 33328		3325 SOUTH UNIVERSITY DRIVE, STE. 210 Davie, FL 33328		ļ					
				•					
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122004	Chg-LLC	CR2E0	83 (10/03)		
City & State		City & State	City & State		FEI Numb	per			optied For ot Applicable
Zip	Country	Zip	Zip Country		5. Certificate	of Status Desired		\$5.00 Add	
	6. Name and Address of Curren	nt Registered Agent		,	7. Name an	Address of New I		`	
MATZ, WIL	LIAMD	·	Name						
	TH UNIVERSITY DRIVE, STI	E. 210	Street /	Address ((P.O. Box Number is Not Acceptable)				
			City			.	FL	Zip Cod	e
8. The above	named entity submits this statement	for the purpose of changing its	s registered office o	r register	red agent, or bo	oth, in the State of Fl		 amiliar with,	and accept
the obligation	ons of registered agent.								l
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signa	ture required	when reinstating)		DATE		<u> </u>
	÷ :								
° Fil	ling Fee is \$50.00 ie by May 1, 2004						e check pa a Departmo	•	e
9.	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	MG RM- 332	r Na Hb S S. Univ	Development Persity Drives	LUP 18,210	☐ Change	 Addition
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TITLE NAME		☐ Delete	TITLE NAME			•		☐ Change	Addition .
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
indicatéd	ertify that the information supplied wo on this report is true and accurate ar- bility company or the receiver or trus	d that ny signature shall have	the same legal effe	ect as if n	nade under oat	n; that I am a mana	I further cert ging membe	fy that the in or manage	nformation or of the
	<u> </u>	/// -	R	D	_	41	<i>,,</i> , , .	- // //	
SIGNAT	URE:	OF SIGNING MANAGING MEMBER, MA	NAGER, OR AUTHORIZE	D O S	S	Date Date	<u> </u>	y-/_5_2 eytime Phone #	-2000