2005 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 29, 2005 08:00 AM DOCUMENT # L03000028682 \ **Secretary of State** 1. Entity Name RM-NA HB FIVE OFFICE BUILDING, LLC Mailing Address Principal Place of Business 3325 SOUTH UNIVERSITY DRIVE, STE. 210 3325 SOUTH UNIVERSITY DRIVE, STE, 210 DAVIE, FL 33328 **DAVIE, FL 33328** 04252005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE MATZ, WILLIAM D 3325 SOUTH UNIVERSITY DRIVE, STE, 210 IN THIS SPACE **DAVIE, FL 33328** 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. DATE Signature, typed or printed name of registered agent and title if applicable. INOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE RM-NA HB DEVELOPMENT, LLLP NAME U00000343987 3325 S. UNIVERSITY DRIVE, 210 STREET ADDRESS 04/29/05-80118-012 50.00 City-ST-ZIP DAVIE FL 33328 TITLE NAME STREET ADDRESS CITY-ST-ZIP **** TITLE NAME 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 TITLE NAME

11. I hereby certify that the information supplied with this filing 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 jectiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

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

Date

Daytime Phone #