

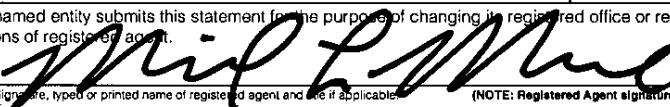
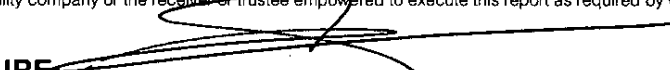


05 MAR 14 AM 10:09

<b>DOCUMENT # L03000028895</b>				SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name NGMR, LLC		05 MAR 14 AM 10: 09			
Principal Place of Business 4904 KEENELAND CIRCLE ORLANDO, FL 32819		Mailing Address 4904 KEENELAND CIRCLE ORLANDO, FL 32819			
2. Principal Place of Business 7732 BERIDALE COURT		3. Mailing Address PO BOX 2480			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02282005 REIN-LLC CR2E101 (6/04)	
City & State ORLANDO FLORIDA		City & State WINDERMERE FLORIDA		4. FEI Number 20-0148534	
Zip 32818		Zip 34786		Applied For Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, MICHAEL E BARON AND MOORE, P.A. 640 NORTH HILLSIDE AVENUE ORLANDO, FL 32803			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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  3-11-05					
SIGNATURE, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
MGRM KENOLY, SAM PO BOX 2480 WINDERMERE, FL 34786					
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
			REINSTATEMENT 04-05		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
			91381423403997		
<input type="checkbox"/> Delete			05/22/05--01028--018 ***25.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
			0054500453-1009000795		
<input type="checkbox"/> Delete			DEPOSIT ONLY 205.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
			05/22/05--01028--018 ***25.00		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
			03/22/05--01028--018 ***205.00		
<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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE  3.9.05 407-948-8862					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					