## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 02, 2004 8:00 am Secretary of State

1. Entity Name N H INVESTMENTS, L.L.C.							03-02-2004 90	)141 007 *	****50.	00
Principal Plac	e of Business		Mailing Address			,				
5452 SW 88 COOPER CITY		US	5452 SW 88TH TER COOPER CITY, FL 33328 US							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02102004	Chg-LLC	CR2E083	(10/03)	
City & State			.City & State:		4. FE! Number	-0196224		$\rightarrow$	plied For Applicable	
Zip			Zip Country			5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New Re	gistered Age	nt	
KANTOR.	NACHMAN	N	, Name							
,	88TH TERI	₹	Street Address (		P.O. Box Numbe	er is Not Acceptable)				
3001 ER 0111,12 33023			·							
			City				FL	Zip Code	,	
	named entity tions of registe		the purpose of changing its	registere	ed office or register	red agent, or bot	h, in the State of Flori	ida. I am fam	iliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title il applicable. (NOT	E: Registered	d Agent signature required	when reinstating)		DATE		<del></del>
				-				F . 2		
Filing Fee is \$50.00 Due by May 1, 2004							Florida	check paya Department		
9.	1	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS /			
NAME				**** F			ADDITIONS/C	CHANGES	3.0:	
	MGRM KANTOR	NACHMAN	☐ Delete	TITLE			ADDITIONS/C	CHANGES	] Change	☐ Addition
STREET ADDRESS	1	NACHMAN 88TH TER		NAME		حيث ⊶ د			] Change	☐ Addition
	KANTOR, 5452 SW 8			NAME STREE	د سعب اله . ق	* ·			] Change	☐ Addition
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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:

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

2-12-04 9545538307