

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018561

Entity Name: NORD HOLDINGS LLC

FILED
Jun 14, 2005
Secretary of State

Current Principal Place of Business:

1650 NE 115TH STREET
203
NORTH MIAMI, FL 33181

New Principal Place of Business:

1650 NE 115TH STREET
SUITE 203
NORTH MIAMI, FL 33181

Current Mailing Address:

1650 NE 115TH STREET
203
NORTH MIAMI, FL 33181

New Mailing Address:

1650 NE 115TH STREET
SUITE 203
NORTH MIAMI, FL 33181

FEI Number: 27-0125173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NORD, JOYCE E
1650 NE 115TH STREET
203
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NORD, JOYCE E
Address: 1650 NE 115TH ST #203
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM () Delete
Name: KURNS, JEFFREY C
Address: 1650 NE 115TH ST #203
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOYCE E. NORD

MGMR

06/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date