

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032761

Entity Name: NIBA, LLC

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

39 NE 39TH STREET  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

39 NE 39TH STREET  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 20-1063832      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:**

**Name and Address of New Registered Agent:**

BERRYMAN, NISI  
1760 MICHIGAN AVENUE  
MIAMI BEACH, FL 33139      US

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: MGR      ( ) Delete  
Name: ARROWOOD, BETH A  
Address: 5900 COLLINS AVENUE APT 1201  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGR      ( ) Delete  
Name: BERRYMAN, NISI  
Address: 1760 MICHIGAN AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139 US

**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 exemption stated in Chapter 119, 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: BETH ARROWOOD

MGR

05/01/2007

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