


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90017 036 \*\*\*\*50.00

<b>DOCUMENT # L04000054270</b> 1. Entity Name <b>NINA'S PLAY HOUSE FACTORY LLC.</b>					
Principal Place of Business <b>2000 S. DIXIE HIGHWAY, #100 MIAMI FL 33133</b>			Mailing Address <b>2000 S. DIXIE HIGHWAY, #100 MIAMI FL 33133</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number <b>26-0098967</b>		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>SHAHIDI, NADER 2000 S. DIXIE HIGHWAY, #100 MIAMI FL 33133</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SHAHIDI, NADER 2000 S. DIXIE HIGHWAY, #100 MIAMI FL 33133</b>	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 606, Florida Statutes.			SIGNATURE: <i>N. Shahidi</i> <b>Nader Shahidi</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>2/28/05</b> Daytime Phone # <b>786-234-1621</b>		

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1st MOORE CR2E083 (10/04)