

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90040 002 \*\*\*\*50.00

<b>DOCUMENT # L04000058410</b>																																																																																																													
<b>1. Entity Name</b> NDM BROTHERS, LLC																																																																																																													
<b>Principal Place of Business</b> 1955 S.E. BRISBANE STREET PORT ST. LUCIE FL 34984-4479			<b>Mailing Address</b> 1955 S.E. BRISBANE STREET PORT ST. LUCIE FL 34984-4479																																																																																																										
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																											
City & State		City & State																																																																																																											
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1475483																																																																																																									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>																																																																																																									
<b>6. Name and Address of Current Registered Agent</b>  ANGAROLA, CRAIG V 1955 S.E. BRISBANE STREET PORT ST. LUCIE FL 34984-4479			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL _____ Zip Code _____																																																																																																										
<b>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.</b> SIGNATURE: <u>CRAIG V ANGAROLA</u> DATE: <u>2 MAR 05</u>																																																																																																													
<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>																																																																																																													
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<b>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 606, Florida Statutes.</b>																																																																																																													
SIGNATURE: <u>CRAIG V ANGAROLA</u> <u>MBRM</u> DATE: <u>2 MAR 05</u> DAYTIME PHONE #: <u>772 528 8104</u>																																																																																																													