


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AF)

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

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

DOCUMENT # L04000058410

1. Entity Name
NDM BROTHERS, LLC



Principal Place of Business Mailing Address
1955 S.E. BRISBANE STREET **1955 S.E. BRISBANE STREET**
PORT ST. LUCIE FL 34984-4479 **PORT ST. LUCIE FL 34984-4479**

30003787



1st MOORE CR2E083 (10/04)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **20-1475483** Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGAROLA, CRAIG V
1955 S.E. BRISBANE STREET
PORT ST. LUCIE FL 34984-4479

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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: *CRAIG V* DATE: 2 MAR 05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE MGRM NAME CRAIG V. ANGAROLA STREET ADDRESS 1955 SW. BRISBANE ST. CITY - ST - ZIP PORT SAINT LUCIE, FL. 34984	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE MGR NAME LORI ANGAROLA STREET ADDRESS 1955 SW. BRISBANE ST. CITY - ST - ZIP PORT SAINT LUCIE, FL. 34984	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE MGR NAME ROLPH ANGAROLA STREET ADDRESS 1955 SW BRISBANE ST. CITY - ST - ZIP PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE MGR NAME CHRIS SEREA STREET ADDRESS 1955 SW BRISBANE ST CITY - ST - ZIP PORT ST. LUCIE, FL. 34984	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *CRAIG V* **MGRM** DATE: 2 MAR 05 DAYTIME PHONE #: 772 528 8104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #