

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075262

Entity Name: 4200 NMA, LLC

FILED
Aug 12, 2005
Secretary of State

Current Principal Place of Business:

45 N.E. 39 STREET
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

45 N.E. 39 STREET
MIAMI, FL 33137

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
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:

COLLETTI, JOSEPH R
3550 BISCAYNE BOULEVARD
SUITE 610
MIAMI, FL 33137 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: MGRM () Delete
Name: RHODES, STEVEN M
Address: 45 N.E. 39 STREET
City-St-Zip: MIAMI, FL 33137

Title: MGRM () Delete
Name: EISMANN, JONATHAN
Address: 915 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: DILIDO, CHARLES R III
Address: 803 DILIDO DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

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

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: STEVEN M. RHODES

MGRM

08/12/2005

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