

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90001 032 ****50.00

DOCUMENT # L04000086331					
1. Entity Name NRI LLC					
Principal Place of Business 309 SE 9 STREET HALLANDALE, FL 33009			Mailing Address 309 SE 9 STREET HALLANDALE, FL 33009		
2. Principal Place of Business 633 NE 167th Street Suite, Apt. #, etc. Suite 301 City & State North Miami Beach, FL Zip 33162 Country FL		3. Mailing Address 633 NE 167th Street Suite, Apt. #, etc. Suite 301 City & State North Miami Beach FL Zip 33162 Country FL			
06292005 Chg-LLC CR2E083 (10/03)		4. FEI Number 20-1944090		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent SHOSHANI, NIR 309 SE 9TH STREET HALLANDALE, FL 33009			
7. Name and Address of New Registered Agent Name Shoshani, Nir Street Address (P.O. Box Number is Not Acceptable) 633 NE 167th Street Suite 301 City North Miami Beach FL Zip Code 33162		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 <u>NIR SHOSHANI / M. MEMBER</u> DATE <u>6-29-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NRT INVESTMENTS, LLC 309 SE 9TH STREET HALLANDALE, FL 33009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NRT INVESTMENTS, LLC 633 NE 167th Street Suite 301 North Miami Beach FL 33162
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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 608, Florida Statutes.					
SIGNATURE: <u>NIR SHOSHANI / M. MEMBER</u> DATE <u>6-29-05</u> DAYTIME PHONE # <u>3056516069</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					