


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # L04000086331 1. Entity Name NRI LLC	
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Principal Place of Business 18425 NW 2ND AVE SUITE 350 MIAMI GARDENS, FL 33169	Mailing Address 18425 NW 2ND AVE SUITE 350 MIAMI GARDENS, FL 33169
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DO NOT WRITE IN THIS SPACE



04092007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1944090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

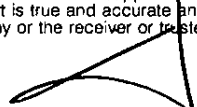
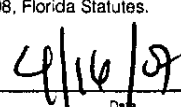
6. Name and Address of Current Registered Agent SHOSHANI, NIR 18425 NW 2ND AVE SUITE 350 MIAMI GARDENS, FL 33169

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
Filing Fee is \$50.00 Due by May 1, 2007		

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NRT INVESTMENTS, LLC 18425 NW 2ND AVE SUITE 350 MIAMI GARDENS, FL 33169
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<p>U000000751572 05/18/07-80108-008 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
<small>Date</small>		<small>Daytime Phone #</small>