2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 17, 2008 8:00 am Secretary of State

| DOCUMENT # L0400090241 1. Entity Name NW HOLDING, LLC | | | | | 01-17-2008 90054 034 ***138.75 | | | |
|---|--|---|--|--|---|------------------------|--|-------------------------------------|
| Principal Place of Business Mailing Address 3250 MARY STREET, 5TH FLOOR 3250 MARY STREET, 5T MIAMI, FL 33133 MIAMI, FL 33133 | | | TH FLOOR | | | 0002041 | 10 10 10 10 10 10 10 10 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01072008 | Chg-LLC | CR2E083 (12/06 |) | |
| City & State | | City & State | | 4. FEI Numbe 20-201 | | <u> </u> | applied For Not Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | □ \$5.00 Ad Fee Requir | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and | Address of New Ro | egistered Agent | |
| STEARNS WEAVER MILLER WEISSLER ALHADEFF & | | | 1 | Name | | | | |
| SITTERSO |) WEAVER MILLER WEISSLER DN,P.A. 150 WEST FLAGLER S RICHARD SCHATZ | | | Street Address (| Address (P.O. Box Number is Not Acceptable) | | | |
| MIAMI, FL | | | | | | | | |
| | • | | . (| City | | ٠. | FL Zip Co | de |
| the obligat | named entity submits this statement for ions of registered agent. | the purpose of changing its | registered (| office or register | ed agent, or bot | h, in the State of Flo | | i, and accept |
| SIGNATURE . | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE | Registered Ag | gent signature required | when reinstating) | | DATE | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | | - 1 | | | |
| | | | | | | | e check payable to Department of Sta | te |
| | | | 10. | | | | Department of Sta | te |
| After May | MANAGING MEMBER MGRM | | 10. | | | Florida | Department of Sta | Addition |
| 9. TITLE NAME | MANAGING MEMBER MGRM WEISER, SHERWOOD | RS/MANAGERS | TITLE NAME | | | Florida | Department of Sta | |
| 9. TITLE NAME STREET ADDRESS | MANAGING MEMBER MGRM WEISER, SHERWOOD 3250 MARY ST, # 500 | RS/MANAGERS | TITLE NAME STREET A | - 1 | | Florida | Department of Sta | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MANAGING MEMBER MGRM WEISER, SHERWOOD | RS/MANAGERS | NAME SIREET A CITY-ST- | - 1 | | Florida | Department of Sta | |
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I hereby certify that the information supplied with this filling 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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

172008 305-445-4214