2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006
Secretary of State

DOCUMENT# L05000010933

Entity Name: NCNFM, LLC

Current Principal Place of Business:

ONE EAST BROWARD BLVD., SUITE 700
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

ONE EAST BROWARD BLVD., SUITE 700
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-2313322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: MCCORMACK, THOMAS F
Address: ONE EAST BROWARD BLVD., SUITE 700
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR ( ) Delete
Name: HISHLEY, CHARLES
Address: 4495 N.W. 42ND STREET
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: HIGHLEY, CHARLES
Address: 4495 N.W. 42ND STREET
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THOMAS F. MCCORMACK MANA 07/19/2006

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