

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010933

Entity Name: NCNFM, LLC

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 5744
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 20-2313322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: HIGHLEY, 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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 MCCORMACK

MGR

01/22/2009

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