

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018163

Entity Name: NIH PROPERTIES, LLC

FILED  
Apr 06, 2006  
Secretary of State

## Current Principal Place of Business:

6300 NW 120TH DRIVE  
CORAL SPRINGS, FL 33076

## New Principal Place of Business:

5411 UNIVERSITY DRIVE  
SUITE 202  
CORAL SPRINGS, FL 33067

## Current Mailing Address:

6300 NW 120TH DRIVE  
CORAL SPRINGS, FL 33076

## New Mailing Address:

5411 UNIVERSITY DRIVE  
SUITE 202  
CORAL SPRINGS, FL 33067

FEI Number: 20-2468527

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSENBERG, ARTHUR R  
4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR  
FORT LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

CORPWIZ REGISTERED AGENTS, INC.  
8750 N.W. 36 STREET  
SUITE 220  
MIAMI, FL 33178 US

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: IVONNE GOMEZ

04/06/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ROBERSON, CINDY L  
Address: 6300 NW 120TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ROBERSON, CINDY L  
Address: 5411 UNIVERSITY DRIVE, SUITE 202  
City-St-Zip: CORAL SPRINGS, FL 33067

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: CINDY ROBERSON

MGRM

04/06/2006

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