

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 30, 2007 08:00 A
Secretary of State**

DOCUMENT # L05000050283

1. Entity Name
937 NMA, LLC



Principal Place of Business
100 SE 2ND STREET
SUITE 2650
MIAMI, FL 33131

Mailing Address
100 SE 2ND STREET
SUITE 2650
MIAMI, FL 33131



04262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIRMELLI, GREGORY
100 SE 2ND STREET
SUITE 2650
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(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 MIRMELLI, GREGORY 100 SE 2ND STREET MIAMI, FL 33131 |
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05/17/07-80066-005 50.00

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: _____

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

4/26/07

Date

Daytime Phone #