

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078940

FILED
Jul 06, 2006
Secretary of State

Entity Name: NORTH MIAMI PROGRAM SERVICES, LLC

Current Principal Place of Business:

555 NE 15TH STREET
SUITE 213
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

555 NE 15TH STREET
SUITE 213
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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 32301 US

Name and Address of New Registered Agent:

PITTS, OTIS JR
555 NE 15TH STREET
SUITE 213
MIAMI, FL 33132 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: OTIS PITTS, JR.

07/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PITTS, OTIS JR
Address: 555 NE 15TH STREET, SUITE 213
City-St-Zip: MIAMI, FL 33132 US

Title: MGRM () Delete
Name: PIERRE-LOUIS, NADINE
Address: 555 NE 15TH STREET, SUITE 213
City-St-Zip: MIAMI, FL 33132 US

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 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: OTIS PITTS, JR.

MGR

07/06/2006

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