


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

04-26-2007 90028 030 ****50.00

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|--|--|--|---|---|--|
| DOCUMENT # L05000100176 1. Entity Name NDRE HOLDINGS, LLC | | | |  | |
| Principal Place of Business 11780 U.S. HIGHWAY #1, SUITE 500 NORTH PALM BEACH, FL 33408 | | | Mailing Address 11780 U.S. HIGHWAY #1, SUITE 500 NORTH PALM BEACH, FL 33408 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03282007 Chg-LLC CR2E083 (12/06) | |
| Zip | | Country | | 4. FEI Number APPLIED FOR 90-3060732 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent HAILE, SHAW & PFAFFENBERGER, P.A. 660 U.S. HIGHWAY #1, FL 3 NORTH PALM BEACH, FL 33408 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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. | | | FL Zip Code | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC. DOTY, DONNA L 11780 U.S. HIGHWAY ONE, SUITE 500 NORTH PALM BEACH, FL 33478 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Donna L. Doty</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | 4-24-01 561-227-0320 Date Daytime Phone | | |