


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90344 024 ****50.00

DOCUMENT # L05000120438					
1. Entity Name NSM FF, LLC					
Principal Place of Business 2020 OLD DIXIE HIGHWAY, SUITE 4 VERO BEACH, FL 32962			Mailing Address 2020 OLD DIXIE HIGHWAY, SUITE 4 VERO BEACH, FL 32962		
2. Principal Place of Business - No P.O. Box # <i>1701 Highway A1A</i>		3. Mailing Address <i>1701 Highway A1A</i>			
Suite, Apt. #, etc. <i>Suite 309</i>		Suite, Apt. #, etc. <i>Suite 309</i>			
City & State <i>Vero Beach, FL</i>		City & State <i>Vero Beach, FL</i>			
Zip <i>32963</i>		Country <i>USA</i>		Zip <i>32963</i>	
				Country <i>USA</i>	
6. Name and Address of Current Registered Agent KIRK, WILLIAM N ESQ 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM SMITH, STEPHEN T 2000 OLD DIXIE HWY STE 4 VERO BEACH, FL 32962 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Smith, Stephen T 1701 Highway A1A, Suite 309 Vero Beach, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRISSON, W. CLINT 2020 OLD DIXIE HWY STE 4 VERO BEACH, FL 32962 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Grissom, W. Clint 1701 Highway A1A, Suite 309 Vero Beach, FL 32963 <input checked="" 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	
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	
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: <i>Stephen T. Smith</i> , Managing Member			Date: <i>1/30/07</i> 772-234-1770		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

60036803



01222007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4145580 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required