

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90021 047 \*\*\*\*50.00

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|  |  |   |  |  |   |
|--|--|---|--|--|---|
| <b>DOCUMENT # L06000010279</b><br>1. Entity Name<br>NILA INVESTMENTS, LLC  |  |   |  |  |   |
| Principal Place of Business<br>1120 SOUTH FEDERAL HIGHWAY<br>HOLLYWOOD, FL 33020   |  |   | Mailing Address<br>1120 SOUTH FEDERAL HIGHWAY<br>HOLLYWOOD, FL 33020   |  |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |  |   |
| City & State<br><br>Zip      Country   |  | City & State<br><br>Zip      Country          |  | 4. FEI Number<br><b>20-4517937</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For<br/>         Not Applicable       </div> |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |  |   |  | 02262007    Chg-LLC    CR2E083 (12/06)   |   |
| 6. Name and Address of Current Registered Agent<br><br>PATEL, ASHOKKUMAR T<br>1120 SOUTH FEDERAL HIGHWAY<br>HOLLYWOOD, FL 33020  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |   |
| 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 _____   |  |   |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>PATEL, ASHOKKUMAR T<br>1120 SOUTH FEDERAL HIGHWAY<br>HOLLYWOOD, FL 33020 | <input type="checkbox"/> Delete               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>PATEL, NILABEN A<br>1120 SOUTH FEDERAL HIGHWAY<br>HOLLYWOOD, FL 33020    | <input type="checkbox"/> Delete               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |  |  |   |
| <b>SIGNATURE:</b>  |  |   | 3/15/07  |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |   | Date      Daytime Phone #  |  |   |