2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L06000016004

1. Entity Name NLFC 1998-1 BRONSON HIGHWAY, LLC



Principal Place of Business

Mailing Address

1601 WASHINGTON AVE STE 700 MIAMI BEACH, FL 33139

1601 WASHINGTON AVE STE 700 MIAMI BEACH, FL 33139

FILED Jan 30, 2008 8:00 am **Secretary of State**

01-30-2008 90094 038 ***138.75

60004887



01142008 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (12/07)

4. FEI Number 20-4622351

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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. 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
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR	1	
NAME	LNR PARTNERS, INC.	i e	
STREET ADDRESS	1601 WASHINGTON AVE STE 700		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		
TITLE		i	
NAME			
STREET ADDRESS			
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TITLE			
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TITLE		- INI	THIS SPACE
NAME		111	I IIIS SPACE
STREET ADDRESS			
CITY-ST-ZIP			

11. Thereby 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:

TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

1-18-08

305-695-5600

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

Daytime Phone #