2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Secretary of State DOCUMENT # L06000036824 03-14-2007 90211 028 ****50.00 NYMEL INVESTMENTS, LLC Principal Place of Business Mailing Address 721 FIRST AVENUE N. 721 FIRST AVENUE N. DUURUIT ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102007 CR2E083 (12/06) Chg-LLC Applied For 4. FEI Number City & State City & State 20-6 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLACKWELL, WORTH T Street Address (P.O. Box Number is Not Acceptable) 721 FIRST AVENUE N. ST. PETEERSBURG, FL 33701 City Zip Code \$. 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 withe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State - 5. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM ☐ Change ☐ Addition Delete TITLE WEINSTOCK, MELVYN NAME NAME STREET ADDRESS 4937 59TH AVENUE S. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33715 CITY-ST-71P MGRM ☐ Change ☐ Addition TITLE Delete TITLE WEINSTOCK, NYDIA B NAME STREET ADDRESS 4937 59TH AVENUE S. STREET ADDRESS CITY-ST-7IP ST. PETERSBURG, FL 33715 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Mar 14, 2007 8:00 am