2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

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Entity Name: NIMA PROPERTIES & REAL ESTATE SERVICES LLC

Current Principal Place of Business:

6740 BABCOCK STREET
FORT MYERS, FL 33912

New Principal Place of Business:

6740 BABCOCK STREET
FORT MYERS, FL 33966

Current Mailing Address:

6740 BABCOCK STREET
FORT MYERS, FL 33912

New Mailing Address:

6740 BABCOCK STREET
FORT MYERS, FL 33966

FEI Number: 20-4806169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE FLORIDA INCORPORATING COMPANY
1203 GOVERNORS SQUARE BLVD.
STE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STEFANACCI, SHANNON
Address: 6740 BABCOCK STREET
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM ( ) Delete
Name: STEFANACCI, MARK
Address: 6740 BABCOCK STREET
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM ( ) Delete
Name: MATTONI, SANDRA
Address: 6740 BABCOCK STREET
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM ( ) Delete
Name: MATTONI, NICK
Address: 6740 BABCOCK STREET
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STEFANACCI, SHANNON
Address: 6740 BABCOCK STREET
City-St-Zip: FORT MYERS, FL 33966

Title: MGRM (X) Change ( ) Addition
Name: STEFANACCI, MARK
Address: 6740 BABCOCK STREET
City-St-Zip: FORT MYERS, FL 33966

Title: MGRM (X) Change ( ) Addition
Name: MATTONI, SANDRA
Address: 6740 BABCOCK STREET
City-St-Zip: FORT MYERS, FL 33966

Title: MGRM (X) Change ( ) Addition
Name: MATTONI, NICK
Address: 6740 BABCOCK STREET
City-St-Zip: FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHANNON STEFANACCI MGR 04/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date