


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # L06000047735</b><br>1. Entity Name<br>NJN RENTAL PROPERTIES, LLC |  |
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| Principal Place of Business<br>C/O NOEL JOHN NICHOLS, JR.<br>627 PALMARITO COURT<br>CORAL GABLES, FL 33134 | Mailing Address<br>C/O NOEL JOHN NICHOLS, JR.<br>627 PALMARITO COURT<br>CORAL GABLES, FL 33134 |
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01042008No Chg-LLC      CR2E083 (12/07)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-4860025 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br>NICHOLS, NOEL J JR.<br>627 PALMARITO COURT<br>CORAL GABLES, FL 33134 |
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>NICHOLS, NOEL J JR.<br>627 PALMARITO COURT<br>CORAL GABLES, FL 33134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>NICHOLS, ENID S<br>627 PALMARITO COURT<br>CORAL GABLES, FL 33134     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000852885  
 03/26/08-80023-021 138.75  
  
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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:** *Naël N. Niche*      3-7-08      305 310-9485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #