

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061645

Entity Name: NHJ FRIENDS, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

13225 BISCAYNE ISLAND TERRACE
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

13225 BISCAYNE ISLAND TERRACE
NORTH MIAMI, FL 33181 US

New Mailing Address:

FEI Number: 11-3783791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, NORMAN N MGRM
13225 BISCAYNE ISLAND TERRACE
NORTH MIAMI, FL 33181 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: MGRM () Delete
Name: BROOKS, NORMAN
Address: 113225 BISCAYNE ISLAND TERRACE
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: MGRM () Delete
Name: BROOKS, HAROLD
Address: 13225 BISCAYNE ISLAND TERRACE
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: MGRM () Delete
Name: TEPER, LESLIE
Address: 13225 BISCAYNE ISLAND TERRACE
City-St-Zip: NORTH MIAMI, FL 33181 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NORMAN BROOKS

MANA

04/30/2008

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