

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

3/1

03-16-2007 90156 006 \*\*\*\*50.00

**30003804**



1st MOORE CR2E083 (10/06)

|  |   |                                 |  |  |   |
|--|---|---------------------------------|--|--|---|
| DOCUMENT # L06000067197  |   |                                 |  |  |   |
| 1. Entity Name<br>NMMB, LLC  |   |                                 |  |  |   |
| Principal Place of Business<br>1060 KANE CONCOURSE<br>BAY HARBOR ISLAND FL 33154<br>US   |   |                                 | Mailing Address<br>1060 KANE CONCOURSE<br>BAY HARBOR ISLAND FL 33154<br>US |  |   |
| 2. Principal Place of Business - No P.O. Box #   |   |                                 | 3. Mailing Address   |  |   |
| Suite, Apt. #, etc.  |   |                                 | Suite, Apt. #, etc.  |  |   |
| City & State   |   |                                 | City & State   |  |   |
| Zip  |   | Country                         | Zip  |  | Country   |
| 4. FEI Number<br><b>20-5152037</b>   |   |                                 |  | Applied For<br><input type="checkbox"/> Additional Fee Required<br><input type="checkbox"/> Not Applicable |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   |                                 |  |  |   |
| 6. Name and Address of Current Registered Agent<br><br>SINGER, MICHAEL S ESQ<br>3801 PGA BOULEVARD<br>SUITE 604<br>PALM BEACH GARDENS FL 33410   |   |                                 | 7. Name and Address of New Registered Agent                                |  |   |
|  |   |                                 | Name   |  |   |
|  |   |                                 | Street Address (P.O. Box Number is Not Acceptable)                         |  |   |
|  |   |                                 | City   |  |   |
|  |   |                                 | FL   | Zip Code   |   |
| 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 re-issuing) _____ DATE _____   |   |                                 |  |  |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>   |   |                                 |  |  |   |
| 9. MANAGING MEMBERS/MANAGERS   |   |                                 | 10. ADDITIONS/CHANGES  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | MGRM<br>MASRI, NIDAL<br>1060 KANE CONCOURSE<br>BAY HARBOR ISLAND FL 33154 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Mam</i>  |   |                                 | 3/6/07   |  | 305 865 7566  |
| SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |                                 | Date   |  | Original Phone #  |