

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075032

Entity Name: NORTIS HOLDINGS, LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

9020 SW 9TH TERRACE
MIAMI, FL 33174

New Principal Place of Business:

2601 S. BAYSHORE DRIVE, SUITE 700
COCONUT GROVE, FL 33133

Current Mailing Address:

% ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, SUITE #700
COCONUT GROVE, FL 33133

New Mailing Address:

% CEL REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, SUITE #700
COCONUT GROVE, FL 33133

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, SUITE #700
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

CEL REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, SUITE #700
COCONUT GROVE, FL 33133 US

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: SANTIAGO ELJAEK, MANAGER

04/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CIBRAN, JAMES
Address: 9080 SW 9TH TERRACE
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ELJAEK, SANTIAGO
Address: 2601 S. BAYSHORE DRIVE, SUITE 700
City-St-Zip: COCONUT GROVE, FL 33133

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: SANTIAGO ELJAEK III

MGR

04/17/2007

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