## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L07000044365**



FILED Feb 28, 2008 8:00 am Secretary of State

| 1. Entity Nami   | NCOME HOLDINGS, LLC                                     |  |             |                            | 02-28-2008 90107 015 ***143.75              |                     |   |                   |                              |  |
|--|---|--|-------------|----------------------------|---|---------------------|---|-------------------|------------------------------|--|
| Principal Place of Business 4901 N FEDERAL HWY STE 300 FT LAUDERDALE, FL 33308   |   | Mailing Address 4901 N FEDERAL HWY STE 300 FT LAUDERDALE, FL 33308 |             |                            | L IPERRAL O                                 |                     | # <b>#8</b> ## <b>#10</b> # <b>8</b> #8 | På hida akiri dil | <b>40</b> 1 10 10 <b>0</b> 1 |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |             |                            |   |                     |   |                   |                              |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |             |                            | 01042008                                    | Chg-LLC             | CR2E08                                  | 3 (12/06)         |                              |  |
| City & State   |   | City & State   |             |                            | 4. FEI Numb                                 | <del>pe</del> r     |   | - <u>`</u>        | plied For<br>t Applicable    |  |
| Zip  | Country   | Zip  | Coun        | try                        | 5. Certificate                              | e of Status Desired |   | 5.00 Add          |                              |  |
|  | 6. Name and Address of Current R                        | egistered Agent  |             |                            | 7. Name an                                  | d Address of New R  | egistered A                             | gent              |                              |  |
|  |   | Name   |             |                            | •   |                     |   |                   |                              |  |
|  | MES D<br>DERAL HWY STE 300<br>RDALE, FL 33308           |  |             | Street Address (           | 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 .  | Signature, typed or printed name of registered agent an | nd title if applicable (NOTE:                                      | Bacustere   | d Agent signature required | when reinstation)                           |                     | DATE                                    |                   |                              |  |
|  | organical types of printed name of registered again at  | to the wappacable. (NOTE.  | riogistal o | d Agent agrature required  | whom remstoring,                            |                     | - DATE                                  | •                 |                              |  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |   |  |             |                            | •   | Florida             | e check pa<br>Departme                  |                   |                              |  |
| 9.   | MANAGING MEMBER   | S/MANAGERS   | 10.         |                            |   | ADDITIONS/          |   |                   |                              |  |
| TITLE  | MGRM  | ☐ Delete   | TITLE       | E                          |   |                     |   | ☐ Change          | Addition                     |  |
| NAME   | SHELTON, THOMAS M                                       |  | NAM         | -                          |   |                     |   |                   | ļ                            |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 5740 N FEDERAL HWY<br>FT LAUDERDALE, FL 33308           |  |             | ET ADDRESS<br>- ST-ZIP     |   |                     |   |                   |                              |  |
|  | FI LAGUERDALE, FE 33308                                 |  | -           | <del></del>                |   |                     |   | [ Change          | C Addition                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete   |             | ľ                          |   |                     |   | Change            | Addition                     |  |
| TITLE  |   | ☐ Delete   | TITL        |                            |   |                     |   | ☐ Change          | ☐ Addition                   |  |
| NAME   |   |  | NAM         | E                          |   |                     |   | _ `               | _                            |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |  | 1           | ET ADDHESS<br>-ST-ZIP      |   |                     |   |                   | - i                          |  |
| TITLE  |   | ☐ Delete   | TITL        | E                          |   |                     |   | ☐ Change          | ☐ Addition                   |  |
| NAME   |   |  | NAM         | E                          |   |                     |   |                   |                              |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |  |             | ET ADDRESS<br>-ST-ZIP      |   |                     |   |                   |                              |  |
| TITLE  |   | ☐ Delete   | TITL        | E                          |   |                     |   | Change            | Addition                     |  |
| NAME   |   |  | NAM         |                            |   |                     |   |                   |                              |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |  |             | ET ADDRESS<br>-ST-ZIP      |   |                     |   |                   |                              |  |
| TITLE  |   | ☐ Delete   | TITL        | <del></del>                |   |                     |   | ☐ Change          | ☐ Addition                   |  |
| NAME   |   | _ 55,000   | NAM         |                            |   |                     |   | 0-                |                              |  |
| STREET ADDRESS   |   |  | STRE        | et address                 |   |                     |   |                   |                              |  |
| CITY-ST-ZIP  |   |  | CFTY        | -ST-ZIP                    |   |                     |   |                   |                              |  |
| 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 impowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |             |                            |   |                     |   |                   |                              |  |
|  | 1 V   | 1 1/1 ~  |             |                            |   | ,                   |   |                   |                              |  |
| SIGNATURE: 2/25/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Devicting Phone #  |   |  |             |                            |   |                     |   |                   |                              |  |