2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2008
Secretary of State

DOCUMENT# L07000054581

Entity Name: NGM REALTY, LLC

Current Principal Place of Business:

1906 GOLFVIEW AVENUE
UNIT 9
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

1906 GOLFVIEW AVENUE
UNIT 9
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MAXSON, NANNETTE G
1906 GOLFVIEW AVENUE
UNIT 9
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

MAXSON, NANNETTE G MGRM
1906 GOLFVIEW AVENUE
UNIT 9
FORT MYERS, FL 33901 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: NANNETTE G. MAXSON 08/02/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MAXSON, NANNETTE G
Address: 1906 GOLFVIEW AVENUE UNIT 9
City-St-Zip: FORT MYERS, FL 33901 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: MAXSON, NANNETTE G
Address: 1258 MIDDLE ROAD
City-St-Zip: RIVERHEAD, NY 11901

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: NANNETTE G MAXSON MGRM 08/02/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date