

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000069001

FILED
Mar 08, 2009
Secretary of State

Entity Name: NLMI INVESTMENTS, LLC

Current Principal Place of Business:

4198 SABAL RIDGE CIRCLE
WESTON, FL 33331

New Principal Place of Business:

2493 EAGLE RUN DRIVE
WESTON, FL 33327

Current Mailing Address:

4198 SABAL RIDGE CIRCLE
WESTON, FL 33331

New Mailing Address:

2493 EAGLE RUN DRIVE
WESTON, FL 33327

FEI Number: 26-0466588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, JONATHAN C
4198 SABAL RIDGE CIRCLE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

KATZ, JONATHAN C
2493 EAGLE RUN DRIVE
WESTON, FL 33327 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: JONATHAN KATZ

03/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KATZ, JONATHAN C
Address: 4198 SABAL RIDGE CIRCLE
City-St-Zip: WESTON, FL 33331

Title: MGR () Delete
Name: BATTISTI KATZ, DANIELLE E
Address: 4198 SABAL RIDGE CIRCLE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KATZ, JONATHAN C
Address: 2493 EAGLE RUN DRIVE
City-St-Zip: WESTON, FL 33327

Title: MGR (X) Change () Addition
Name: BATTISTI KATZ, DANIELLE E
Address: 2493 EAGLE RUN DRIVE
City-St-Zip: WESTON, FL 33327

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: JONATHAN KATZ

MGR

03/08/2009

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