

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116910

FILED
Mar 30, 2009
Secretary of State

Entity Name: NICE HOMES NICE AREAS LLC

Current Principal Place of Business:

1650 NE 135TH STREET, STE. 503
NORTH MIAMI, FL 33181

New Principal Place of Business:

1650 NE 135TH STREET, STE. 503
APT#503
NORTH MIAMI, FL 33181

Current Mailing Address:

1650 NE 135TH STREET, STE. 503
NORTH MIAMI, FL 33181

New Mailing Address:

1650 NE 135TH STREET, STE. 503
APT#503
NORTH MIAMI, FL 33181

FEI Number: 41-2260257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLAZO, ERNESTO
1650 NE 135TH STREET, STE. 503
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

COLLAZO, ERNESTO
1650 NE 135TH STREET, STE. 503
APT #503
NORTH MIAMI, FL 33181 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: ERNESTO COLLAZO

03/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLLAZO, ERNESTO
Address: 1650 NE 135TH STREET, STE. 503
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM () Delete
Name: COLLAZO, ERIK
Address: 1650 NE 135TH STREET, STE. 503
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES:

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

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

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: ERNESTO COLLAZO

MGR

03/30/2009

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