2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 10, 2008 8:00 am
Secretary of State
03-17-2008 90259 031 ***138.75

DOCUMENT # L07000117186

1. Entity Name
NFTMY LLC

Principal Place of Business	Mailing Address
2199 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134	2199 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 80-0141608 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEWART AGENT SERVICES 2199 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134	Name Street 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 and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR/Pres ☐ Delete	TITLE	MGR/VP ☐ Change XX Addition
NAME	STINSON, LOUIS JR.	NAME	Truman A. Skinner
STREET ADDRESS	2199 PONCE DE LEON BLVD., SUITE 301	STREET ADDRESS	2199 Ponce de Leon Blvd #301
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	MGR/Secr ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JORDAN, KATHY	NAME	
STREET ADDRESS	2199 PONCE DE LEON BLVD., SUITE 301	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Manager 03-05-08 305-444-8807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #