

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT# L98000001744 1. Entity Name NYDICOPENMRIOFAMERICA-PENSACOLA,L.C.	
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Principal Place of Business 5330N.DAVIDSHWY. PENSACOLA,FL32503	Mailing Address 221GRANDAVENUESUITE200 MONTVALE,NJ07645
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04192005No Chg-LLC

CR2E083(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3540623	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADE LAND BLVD. SUITE 508 MIAMI, FL 33156-0000
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**DO NOT WRITE
IN THIS SPACE**

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's signature is required when re-

instating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OPENMRIFLORIDAVENTURES,LLC 221GRANDAVENUE,SUITE200 MONTVALE,NJ076451729
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04/25/05-80041-003 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or power of attorney holder of this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/19/05

Date

201 593 8080

Daytime Phone #