File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED SECREDARY OF STATE DIVISION OF CORPORATIONS

90 FEB 25 AM 10: 25

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** 198000003454 1a. Principal Place of Business Address NIA INVESTMENTS, L.L.C. 94-198 18271 N.W. 16TH STREET 18271 N.W. 16TH STREET PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 12/29/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 11020 Minneapolis 1020 Minneapolis Ar. City & State 45-0884542 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 4.5.4 U.S.A 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office WEINBERG, STEVEN A 8000 PETERS ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE (Registered Agent Accepting Apparatulent). (NOTE: Registered Agent's gration increased when remobiling). **Business Street Address** 10. Title Managing Members/Managers City, State and Zip Code 18271 N.W. 16TH STREET PEMBROKE PINES FL MGRM THE NIA LIVING TRUST, Cooper Cay, FL 33024 11020 Minneapolis Dr. 400002795254--4 -03/05/99--01007--003_ ****188.75 ****188.75

11. Ido 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 annual 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 engrowered to explain this eport as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

ans OF SIGNING MANAGEZ (MEMBERCOL MANAGER)