

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000003934**

1. Entity Name

NIA/KORNREICH OF MIAMI, LLC



Principal Place of Business

14750 PALMETTO FRONTAGE ROAD, SUITE 120  
MIAMI LAKES, FL 33016

Mailing Address

14750 PALMETTO FRONTAGE ROAD, SUITE 120  
MIAMI LAKES, FL 33016



01262005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0930658

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GROSS, PAUL
STREET ADDRESS	521 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10175
TITLE	MGR
NAME	GROSSBERG, STEVEN
STREET ADDRESS	521 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10175
TITLE	MGR
NAME	KORNREICH, JAMES
STREET ADDRESS	521 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10175
TITLE	MGR
NAME	BLANCO, DAVID
STREET ADDRESS	14750 PALMETTO FRONTAGE ROAD, SUITE 120
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	MGR
NAME	BLANCO, JORGE
STREET ADDRESS	14750 PALMETTO FRONTAGE ROAD, SUITE 120
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000203980  
01/29/05-80052-012 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

1/27/05 305-362  
1661