


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0050948

DOCUMENT # L99000004210		
1. Entity Name NML, LC		

FILED

03 MAY 12 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 28-42 W. CENTRAL BLVD., SUITE 401 ORLANDO FL 32801	Mailing Address 28-42 W. CENTRAL BLVD., SUITE 401 ORLANDO FL 32801
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2. Principal Place of Business		3. Mailing Address 800 N. Highland Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 200	
City & State		City & State ORLANDO, FL.	
Zip 32803	Country USA		

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3586855	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, WARREN E 28-42 W. CENTRAL BLVD., SUITE 401 ORLANDO FL 32801	
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7. Name and Address of New Registered Agent	
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.

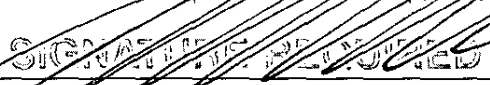
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR WILLIAMS, WARREN E TRUSTEE 28-42 W. CENTRAL BLVD., SUITE 401 ORLANDO FL 32801	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
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	<input type="checkbox"/> Delete
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	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 200018801922 05/12/03--01033--005 **400.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 4-29-03	Daytime Phone # 407-45-1815
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CR2E063 (10/02)