

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L99000005278

1. Entity Name
NR HOLDINGS, LLC



Principal Place of Business
**ONE EAST BROWARD BLVD.
SUITE #1010
FORT LAUDERDALE, FL 33301**

Mailing Address
**ONE EAST BROWARD BLVD.
SUITE #1010
FORT LAUDERDALE, FL 33301**

DO NOT WRITE IN THIS SPACE



04092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-0947840

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANELLA, ROSS H ESQ.
ONE EAST BROWARD BLVD.
SUITE #1010
FORT LAUDERDALE, FL 33301

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SMILEY, NORMAN
STREET ADDRESS	7190 MALLORCA CRESCENT
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	MGRM
NAME	SMILEY, RICKIE
STREET ADDRESS	7190 MALLORCA CRESCENT
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000530468
05/05/06-80116-010 50.00

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IN THIS SPACE**

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: *Rickie Smiley*

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

4-21-06

Date

561 487225

Daytime Phone #