


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90043 046 ****50.00

| | | | | | |
|--|--|---|---|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # 7478 VALENCIA DE | | 3. Mailing Address 7478 VALENCIA DE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State BOCA RATON FL | | City & State BOCA RATON FL | | 4. FEI Number 65-0947840 | |
| Zip 33433 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 | | 7. Name and Address of New Registered Agent Name NORMAN SMILEY Street Address (P.O. Box Number is Not Acceptable) 7478 VALENCIA DE City BOCA RATON FL Zip Code 33433 | | | |
| 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 <i>[Signature]</i> | | DATE 4-25-07 | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SMILEY, NORMAN 7190 MALLORCA CRESCENT BOCA RATON, FL 33433 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SMILEY, RICKIE 7190 MALLORCA CRESCENT BOCA RATON, FL 33433 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SMILEY, RICKIE 7190 MALLORCA CRESCENT BOCA RATON, FL 33433 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SMILEY, RICKIE 7190 MALLORCA CRESCENT BOCA RATON, FL 33433 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SMILEY, RICKIE 7190 MALLORCA CRESCENT BOCA RATON, FL 33433 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SMILEY, RICKIE 7190 MALLORCA CRESCENT BOCA RATON, FL 33433 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SMILEY, RICKIE 7190 MALLORCA CRESCENT BOCA RATON, FL 33433 | <input type="checkbox"/> Delete | | | |
| 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: <i>[Signature]</i> | | DATE 4-24-07 DAYTIME PHONE # 561-487-2254 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | | | |