## STEVEN A. SCIARRETTA, P.A.

ATTORNEYS AT LAW

KAREN M. SCIARRETTA STEVEN A. SCIARRETTA<sup>1</sup> 'LL.M. IN TAXATION

GLADES TWIN PLAZA 2300 Glades Road, Suite 302E Boca Raton, Florida 33431 TELEPHONE: (561) 368-7978 TOLL FREE: (800) 545-8454 TELEFAX: (561) 368-8502

Asset Protection Business and Taxation Planning Probate Administration Trusts and Estate Planning

Two Day UPS

October 18, 2000

-10/19/00--01099--014 \*\*\*\*\*25.00 \*\*\*\*\*25.00

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: NFS MANAGEMENT LLC

Ladies\Gentlemen:

Please find enclosed one Statement of Change Of Registered Agent form along with the twenty-five dollar (\$25.00) filing fee.

I have also enclosed the 2000 Uniform Business Report (UBR) form along with a check for fifty dollars (\$50.00).

Lastly, I am also filing a Limited Liability Company reinstatement form along with a check for one hundred and fifty dollars (150.00).

Should you have any questions, please contact me at (561) 368-7978.

Thank you

Karen M. Sciarretta

KMS\pd enclosure

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the liability company submits the following statement in order to change its registered agent, or both, in the State of Florida.	e undersigned limited ed office or registered
1. The name of the limited liability company is: NFS MANAGEMENT LLC	· · · · · · · · · · · · · · · · · · ·
2. The mailing address of the limited liability company is:	•
3786 NW 52nd St., Boca Raton, FL 33496	
9/13/99 L99000005799	
3. Date of filing/registration in Florida 4. Document numb	er
5. The name of the registered agent and the registered office address as shown on t Florida Department of State:	he records of the
Kenneth Goodman	<del></del>
Name	
9284 Lake Serena Drive Address	
Boca Raton, FL 33496	- -
City, State and Zip	00 Sivid
6. The name and address of the new registered agent and/or office:	CC1
Kenneth Goodman	SECRETARY OF SIVISION OF CORPO
Name	
3786 NW 52nd Street	
Florida street address (P.O. Box NOT acceptable)	STATE STATIONS 4: 34
Boca Raton, FL 33496	<i>ග</i>
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Flor confirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized to of the members of the limited liability company or as otherwise provided in the around the operating agreement of the limited liability company.  (Signature of a member of authorized representative of a member)	a Florida limited  y an affirmative vote
Kenneth Goodman	•
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and agree to act in this capacomply with the provisions of all statutes relative to the proper and complete performant I am familiar with and accept the obligations of my position as registered age Chapter 608, F.S. Or if this accument is being filed to merely reflect a change in address, I hereby confirm that the limited liability company has been notified in w  (Signature of Registered Agent)	city. I further agree to ormance of my duties, out as provided for in the registered office riting of this change.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 3	2314
FILING FEE: \$25.00	

INHS18(10/99)