


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

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| DOCUMENT # L99000005799 1. Entity Name NFS MANAGEMENT LLC |  |
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| Principal Place of Business 2300 GLADES RD 230 W BOCA RATON, FL 33431 | Mailing Address 2300 GLADES RD 230 W BOCA RATON, FL 33431 |
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 65-0949691 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent GOODMAN, KENNETH 2300 GLADES RD #230 W BOCA RATON, FL 33431 | DO NOT WRITE IN THIS SPACE |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |
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| Filing Fee is \$50.00 Due by May 1, 2004 |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GOODMAN, KENNETH 2300 GLADES RD #230W BOCA RATON, FL 33431 |
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02/02/04-80129-014 50.00

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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)(f), 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.

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|---|---|-----------------------|
| SIGNATURE:  Ken Goodman 1/28/04 5817505266 | Date _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | Daytime Phone # _____ |
|---|---|-----------------------|