


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90036 015 \*\*\*\*50.00

<b>DOCUMENT # L99000005799</b> 1. Entity Name <b>NFS MANAGEMENT LLC</b>					
Principal Place of Business <b>2300 GLADES RD</b> <b>230 W</b> <b>BOCA RATON, FL 33431</b>			Mailing Address <b>2300 GLADES RD</b> <b>230 W</b> <b>BOCA RATON, FL 33431</b>		
2. Principal Place of Business <b>2600 N Military Trail</b> Suite, Apt. #, etc. <b>#290</b>		3. Mailing Address <b>2600 N Military Trail</b> Suite, Apt. #, etc. <b>#290</b>			
City & State <b>Boca Raton FL</b> Zip <b>33431</b>		City & State <b>Boca Raton FL</b> Zip <b>33431</b>		4. FEI Number <b>65-0949691</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOODMAN, KENNETH</b> <b>2300 GLADES RD</b> <b>#230 W</b> <b>BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name <b>GOODMAN, KENNETH</b> Street Address (P.O. Box Number is Not Acceptable) <b>2600 N MILITARY TRAIL #290</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33431</b>		
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 <u><i>Kenneth Goodman</i></u> DATE <u>4/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH 2300 GLADES RD #230W BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH 2600 N MILITARY TRAIL, #290 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u><i>Kenneth Goodman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/14/06</u> Daytime Phone # <u>954-202-0777</u>		