


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90044 021 \*\*\*138.75

<b>DOCUMENT # L99000005799</b> 1. Entity Name NFS MANAGEMENT LLC	
--	---

Principal Place of Business 2600 N MILITARY TRL # 290 BOCA RATON, FL 33431	Mailing Address 2600 N MILITARY TRL # 290 BOCA RATON, FL 33431
---	---

2. Principal Place of Business - No P.O. Box # 11111 Glades Road Suite, Apt. #, etc. Suite 204	3. Mailing Address 11111 Glades Road Suite, Apt. #, etc. Suite 204
--	--

City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33434 USA	Zip 33434 USA

04162008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
65-0949691

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

GOODMAN, KENNETH  
2600 N MILITARY TRL, # 290  
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

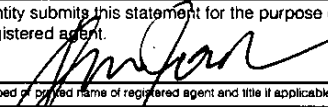
Name

Street Address (P.O. Box Number is Not Acceptable)

11111 Glades Road, Suite 204

City Boca Raton, FL Zip Code 33434

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  DATE 4-21-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
---	--

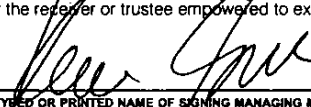
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, KENNETH 2600 N MILITARY TRL, # 290 BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	11111 Glades Road, Suite 204 Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:  DATE 4-21-08 (561) 417-2770

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