2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# M04000004649

Entity Name: NMH ADVISORS, LLC

Current Principal Place of Business:

12230 FOREST HILL BLVD STE. 173
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

12230 FOREST HILL BLVD STE. 173
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 34-2009554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRISCOLL, THOMAS B III
12230 FOREST HILL BLVD STE. 173
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	DRISCOLL, THOMAS B III	
Address:	12230 FOREST HILL BLVD STE. 173	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	MGR	( ) Delete
Name:	MEEKS, PAUL G	
Address:	5 VAUGHN DRIVE STE 119	
City-St-Zip:	PRINCETON, NJ 08540	
Title:	MGR	( ) Delete
Name:	TABBAH, HASSAN M	
Address:	6 JOFRAN LANE	
City-St-Zip:	GREENWICH, CT 06830	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS B. DRISCOLL III MGR 04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date