

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004650

Entity Name: NMH INVESTMENTS, LLC

FILED
Apr 25, 2005
Secretary of State

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: 34-2009552

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
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, FL 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