

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED

MAY 26 10 51 AM

SECRETARY OF STATE

LIMITED LIABILITY COMPANY  
ANNUAL REPORT

1999-1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000474

N.F.P.M., LLC  
9143 PHILIPS HIGHWAY, SUITE 495  
JACKSONVILLE FL 32256

1a. Principal Place of Business Address

9143 PHILIPS HIGHWAY, SUITE  
JACKSONVILLE FL 32256

2. Principal Place of Business

2a. Mailing Address

2225 E Randol Mill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

City & State

City & State

Arlington, TX

Zip

Country

Zip

TX 76011 USA

3. Date Organized or Qualified

08/01/1997

3a. State of Formation

AR

4. FEI Number

59-3459236

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ ☐

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

DATE 7-10-98

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

10. This

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM HAIRE, SCOTT A

MGRM VALDEZ, GILBERT

9143 PHILIPS HIGHWAY, SUITE

9143 PHILIPS HIGHWAY, SUITE

JACKSONVILLE FL

JACKSONVILLE FL

*[Signature]*

11. I do hereby certify that the information supplied with this filing was not qualified for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual 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 306, Florida Statutes; and that my name appears in Block 10. or on an attachment with an address.

SIGNATURE

*[Signature]*

DATE 7-10-98

Date

Daytime Phone

2

**MB<sub>TM</sub>**

**SOFTWARE CORPORATION**

2225 East Randol Mill Road Suite 305

Arlington, Texas 76011

(817) 633-9400 FAX (817) 633-9409

May 17, 1999

Florida Department of State  
Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: N.F.P.M., LLC (the "Company")

Gentlemen:

Transmitted herewith is a check in the amount of \$188.25 representing the filing fee for the Company together with a completed limited liability company annual report for 1999.

Internal records of the Company reflect that the form report was not received by the Company. Therefore, I would appreciate your processing the payment and filing the report at this time without applying the \$400 late fee.

Thank you for your consideration. Should you need to discuss this matter, you may reach me at my direct dial number: 817.633.9471.

Very truly yours,



Fauniel D. Rowland  
General Counsel