2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000070075



FILED
Mar 17, 2003 8:00 am
Secretary of State

| Second | 1. Entity Na | ame NM PROPER | TIES, INC. | | | | | | 03-17-200 |)3 90655 | 016 ***158 | 8.75 | |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. Check IEEE IF MAKING CHANGES City & State City & State City & State A. FEI Number 65-0856 192 App lad for Not Application Appli | 706 S. DIXIE | E HIGHWAY SECO | ND FLOOR | 706 S. [| DIXIE HIGHWAY | | LOOR | | 1 88 (681 18 (618) (211) 884 | IF A U iii Babi oo | 111 I IB 11 To 181 D 111 | IN TOLON ON IL COM | |
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| TOR S. DIXIE HIGHWAY SECOND FLOOR CORAL GABLES FL 33146 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent and see if supplicable. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee will be \$550.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State O SERIET ADDRESS OTH-ST-2P OURSEN, THOMAS W III 706 S. DIXIE HIGHWAY SECOND FLOOR CORAL GABLES FL 33146 O SIRET ADDRESS COTY-ST-2P TITLE WAS SIRET ADDRESS COTY-ST-2P TITLE MAME SIRET ADDRESS COTY-ST-2P Change Addition Chan | | | _ | | | | | | | gratete | - Ageill | | |
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| SIGNATURE Signature Nyoud or princed reame of registered agent and title if application. (NOTE: Registered Agent agreature required when re natation;) Page | 8. The above | e named entity su | bmits this statement for | the purpose | e of changing its | registered | office or registe | ered and | ant or both in the State of | Closida La | - (| | |
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| 2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and eccurred and the second of this report of supplemental report is true and eccurred and the second of this report of supplemental report is true and eccurred and the second of this report of supplemental report is true and eccurred and the second of the second of this report of supplemental report is true and eccurred and the second of this report of supplemental report is true and eccurred and the second of this report of this report of the second of this report of the second of this report of the second of the second of this report of the second of this report of the second of the s | | | | | | CITY-ST-Z | | | | | | | |

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 5