

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90151 030 \*\*\*\*55.00

DOCUMENT # L01000020922

1. Entity Name

NBP, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
522 STOCKTON STREET

3. Mailing Address  
522 STOCKTON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

4. FEI Number  
22-3850961

Applied For  
Not Applicable

Zip  
32204

Country  
USA

Zip  
32204

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
KATHLEEN H. COLD

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

SUITE 2301

City  
JACKSONVILLE, FL FL Zip Code  
32202

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
NANDLAL (NANDU) B. PARYANI  
522 STOCKTON STREET  
JACKSONVILLE, FL 32204

TITLE  
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CITY-ST-ZIP

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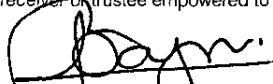
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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: \_\_\_\_\_



NANDU B. PARYANI

2/25/02

(904) 387-7973

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

Date

Daytime Phone #

CR2E083B (12/01)