2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000044909

1. Entity Name
NPB DEVELOPMENT, LLC

Principal Place of Business
4500 PGA BLVD
SUITE 207
PALM BEACH GARDENS, FL 33418

Mailing Address
4500 PGA BLVD
SUITE 207
PALM BEACH GARDENS, FL 33418

02222008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0442897
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANDT, PHILLIP L
4500 PGA BLVD
SUITE 207
PALM BEACH GARDENS, FL 33418

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000036556
05/27/08-80017-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DIVOSTA CHILDREN'S 1995 IRREV. TRUST
STREET ADDRESS	4500 PGA BLVD, STE 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	V
NAME	GALUI, JUDITH M
STREET ADDRESS	4500 PGA BLVD, STE 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	P
NAME	STEPHANOS, DIANE L
STREET ADDRESS	4500 PGA BLVD, STE 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	ST
NAME	DIVOSTA, CATHY
STREET ADDRESS	4500 PGA BLVD, STE 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	V
NAME	DIVOSTA, GUY M
STREET ADDRESS	4500 PGA BLVD, STE 207
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Judith M. Galui 3/19/08 561/691-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #