

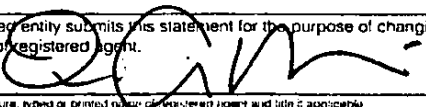
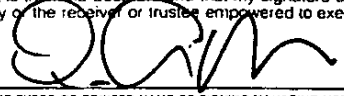


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90134 005 \*\*\*\*50.00

<b>DOCUMENT # L05000033286</b> 1. Entity Name <b>N B M MANAGEMENT, LLC</b>																																																																																																																																																											
Principal Place of Business <b>5172 SEAHORSE AVE. NAPLES FL 34103</b>			Mailing Address <b>5172 SEAHORSE AVE. NAPLES FL 34103</b>																																																																																																																																																								
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City & State		City & State																																																																																																																																																									
Zip Country		Zip Country																																																																																																																																																									
4. FEI Number <b>71-0980211</b>				Applied For Not Applicable																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>SCHUMANN, RAYMOND L 27200 RIVERVIEW CENTER BLVD. # 103 BONITA SPRINGS FL 34135</b>																																																																																																																																																							
7. Name and Address of New Registered Agent Name <b>Q. GRADY MINOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>5172 SEAHORSE AVENUE</b> City <b>NAPLES</b> FL <b>34103</b>				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  DATE <b>2/1/06</b>																																																																																																																																																							
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. 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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes. SIGNATURE:  TRUSTEE DATE <b>3/3/06</b> DAYTIME PHONE # <b>239 860 3242</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																																											

**QUINTON G. MINOR, TRUSTEE**



ATTACHMENT

30001739

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

N B M MANAGEMENT, LLC  
5172 SEAHORSE AVE.  
NAPLES, FL 34103

Subject: N B M MANAGEMENT, LLC

Reference Number: L05000033286

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD

ANNUAL REPORTS SECTION