

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED 8120

2005 MAY 25 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012841

1. Entity Name  
NB TAMARAC COMMERCE CENTER, LLC



Principal Place of Business  
2005 WEST CYPRESS CREEK RD., STE. 202  
FT. LAUDERDALE, FL 33309

Mailing Address  
2005 WEST CYPRESS CREEK RD., STE. 202  
FT. LAUDERDALE, FL 33309



04082005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1053438

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

BUTTERS, NATHAN  
2005 W CYPRESS CREEK RD STE 202  
FORT LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	PD
NAME	BUTTERS, NATHAN
STREET ADDRESS	2005 W. CYPRESS CREEK RD. SUITE 202
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309

TITLE	
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CITY-ST-ZIP	

800055341468  
05/25/05--01012--025 \*\*400.00

**DO NOT WRITE  
IN THIS SPACE**

**\$50**

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: *Nathan Butters*

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

4-26-05

Date

Daytime Phone #