2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90107 007 ****50.00

DOCUMENT # L02000004394

1. Entity Name
N.B. I, LLC

Principal Place of Business	Mailing Address
1106 LINFORD COURT VALRICO, FL 33594	1106 LINFORD COURT VALRICO, FL 33594

01142005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2240 LITHIA CTR. LN.	11441 HAMMOCK OAKS CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VALRICO FL	City & State: LITHIA FL
Zip 33594 Country USA	Zip 33547 Country USA

4. FEI Number 33-0994981 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELL, JEFFERY S 1106 LINFORD COURT VALRICO, FL 33594	Name: DAVID L. NEWBERRY Street Address (P.O. Box Number is Not Acceptable): 11441 HAMMOCK OAKS CT. City: LITHIA FL Zip Code 33547

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] DAVID L. NEWBERRY 1/14/05
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	BELL, JEFFERY S		NAME		
STREET ADDRESS	1106 LINFORD COURT		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAVID NEWBERRY REVOCABLE TRUST		NAME		
STREET ADDRESS	3815 SOUTH NINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] DAVID L. NEWBERRY 1/14/05 813 651 1458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #