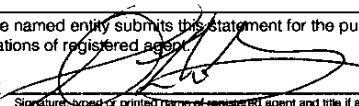
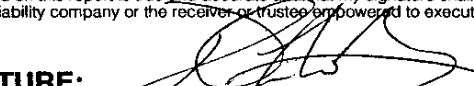


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 1106 LINFORD COURT VALRICO, FL 33594			Mailing Address 1106 LINFORD COURT VALRICO, FL 33594		
2. Principal Place of Business 2240 LITHIA CTR. LN.		3. Mailing Address 11441 HAMMOCK OAKS CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State VALRICO FL		City & State LITHIA FL		4. FEI Number 33-0994981	
Zip 33594		Country USA		Applied For ☐ Not Applicable	
Zip 33547		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BELL, JEFFERY S 1106 LINFORD COURT VALRICO, FL 33594			7. Name and Address of New Registered Agent 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  DAVID L. NEWBERRY DATE 1/14/05 (NOTE: Registered Agent signature required when reinstating)					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM BELL, JEFFERY S 1106 LINFORD COURT. VALRICO, FL 33594 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVID NEWBERRY REVOCABLE TRUST 3815 SOUTH NINE DRIVE VALRICO, FL 33594 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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: 		DAVID L. NEWBERRY		1/14/05 813 651 1438	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	