

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000024934

1. Entity Name
N B & R, LLC



Principal Place of Business
7340 REGINA ROYALE
SARASOTA FL 34238

Mailing Address
7340 REGINA ROYALE
SARASOTA FL 34238

2. Principal Place of Business

3. Mailing Address

PO Box 3379

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Sarasota FL
34230**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ICARD, MERRILL, CULLIS, TIMM, ET AL PA
% F. THOMAS HOPKINS
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

4. FEI Number

11-3654948

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name **BILL FRIESING**

Street Address (P.O. Box Number is Not Acceptable)

2401 BENEVA ROAD

City **SARASOTA**

FL Zip Code **34232**

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 *William Friesing*

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MRG**
NAME **WILLIAM FRIESING**
STREET ADDRESS **2401 BENEVA ROAD**
CITY-ST-ZIP **SARASOTA, FL 34232**

Delete

TITLE **MRG**
NAME **GERALD NICHOLS**
STREET ADDRESS **2401-BENEVA ROAD**
CITY-ST-ZIP **SARASOTA, FL 34232**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

Change Addition

TITLE
NAME
STREET ADDRESS
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: *William Friesing* SIGNATURE REQUIRED

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

3-503

941-922-1312

Date

Daytime Phone #

CR0083 (10/02)