

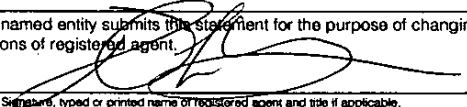
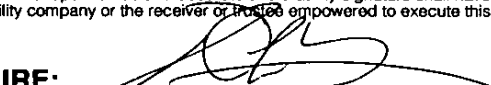


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90107 006 \*\*\*\*50.00

<b>DOCUMENT # L02000027049</b> 1. Entity Name <b>N.B.L. I, LLC</b>					
Principal Place of Business <b>1106 LINFORD COURT</b> <b>VALRICO, FL 33594 US</b>			Mailing Address <b>1106 LINFORD COURT</b> <b>VALRICO, FL 33594 US</b>		
2. Principal Place of Business <b>2240 LITHIA CTR LN.</b>		3. Mailing Address <b>11441 HAMMOCK OAKS CT.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01142005    Chg-LLC    CR2E083 (10/03)	
City & State <b>VALRICO FL</b>		City & State <b>LITHIA FL</b>		4. FEI Number <b>16-1632599</b>	
Zip <b>33594</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33547</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BELL, JEFFERY S</b> <b>1106 LINFORD COURT</b> <b>VALRICO, FL 33594</b>			7. Name and Address of New Registered Agent Name <b>DAVID L. NEWBERRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>11441 HAMMOCK OAKS CT.</b> City <b>LITHIA FL</b> Zip Code <b>33547</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 			<b>DAVID L. NEWBERRY</b> 1/14/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE		
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL, JEFFERY S 1106 LINFORD COURT VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVID NEWBERRY REVOCABLE TRUST 3815 SOUTH NINE DRIVE VALRICO, FL 33594 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 			<b>DAVID L. NEWBERRY</b> 1/14/05    813 651 1408 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date    Daytime Phone #		