

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90023 013 \*\*\*\*55.00

**DOCUMENT # L02000034305**

1. Entity Name  
NSFB, LLC



Principal Place of Business  
900 N. FEDERAL HIGHWAY  
SUITE 410  
BOCA RATON, FL 33432 US

Mailing Address  
900 N. FEDERAL HIGHWAY  
SUITE 410  
BOCA RATON, FL 33432 US

**24064959**



2. Principal Place of Business

7100 W. Camino Real  
Suite, Apt. #, etc.  
Suite 402  
City & State  
Boca Raton, FL  
Zip  
33433 Country  
USA

3. Mailing Address

7100 W. Camino Real  
Suite, Apt. #, etc.  
Suite 402  
City & State  
Boca Raton, FL  
Zip  
33433 Country  
USA

04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number

16-1647114

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZEDECK, LEONARD B ESQ  
13790 N.W. 4TH STREET  
SUITE 113  
SUNRISE, FL 33325

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
BLOOM, ASHLEY B  
900 N. FEDERAL HIGHWAY, SUITE 410  
BOCA RATON, FL 33432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
GROSS, LEONARD  
18100 ROYAL TREE PARKWAY  
NAPLES, FL 34114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
BLOOM, ASHLEY B  
7100 W. Camino Real Suite 402  
Boca Raton, FL 33433 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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NAME  
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NAME  
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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:**

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

Date

Daytime Phone #

Ashley Bloom 4/22/04 Ser. 417-7115