


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L03000044909 1. Entity Name NPB DEVELOPMENT, LLC |  |
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|---|---|
| Principal Place of Business 4500 PGA BLVD SUITE 207 PALM BEACH GARDENS, FL 33418 | Mailing Address 4500 PGA BLVD SUITE 207 PALM BEACH GARDENS, FL 33418 |
|---|---|

DO NOT WRITE IN THIS SPACE



02222008 No Chg-LLC

CR2E083 (12/07)

| | |
|---|--|
| 4. FEI Number 20-0442897 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BRANDT, PHILLIP L 4500 PGA BLVD SUITE 207 PALM BEACH GARDENS, FL 33418 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | MGRM DIVOSTA CHILDREN'S 1995 IRREV. TRUST 4500 PGA BLVD, STE 207 PALM BEACH GARDENS, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | V GALUI, JUDITH M 4500 PGA BLVD, STE 207 PALM BEACH GARDENS, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | P STEPHANOS, DIANE L 4500 PGA BLVD, STE 207 PALM BEACH GARDENS, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | ST DIVOSTA, CATHY 4500 PGA BLVD, STE 207 PALM BEACH GARDENS, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | V DIVOSTA, GUY M 4500 PGA BLVD, STE 207 PALM BEACH GARDENS, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | |

4000000936596
05/27/08-80017-005 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Judith M. Galui 3/19/08 561/691-9050

Date

Daytime Phone #