

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90109 012 ****50.00

DOCUMENT # L04000015010					
1. Entity Name NB AMERICAS, LLC					
Principal Place of Business 14600 DETROIT AVENUE SUITE 1378 LAKEWOOD, OH 44107 US			Mailing Address 14600 DETROIT AVENUE SUITE 1378 LAKEWOOD, OH 44107 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07052005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 77-0625347				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND DRIVE PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name DOUG BUGIE Street Address (P.O. Box Number is Not Acceptable) 217 THATCH PALM DRIVE City BOCA RATON FL Zip Code 33432		
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 <i>Doug Bugie</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGLAS, BUGIE 14600 DETROIT AVENUE LAKEWOOD, OH 44107 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGLAS BUGIE 217 THATCH PALM DRIVE BOCA RATON, FLORIDA 33432-7522 <input checked="" 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	
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.					
SIGNATURE: <i>Ref. [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 7-11-05 Daytime Phone # 248-914-1152		

ATTACHMENT
LD4000015010

TERRENCE P. McHUGH

Counselor At Law

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Lakewood, Ohio 44107

20064439

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July 12, 2005

Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314


Re: NB Americas, LLC

Dear Division of Corporations:

Enclosed please find the 2005 Limited Liability Company Annual Report for NB Americas, LLC along with a check in the amount of Fifty Dollars (\$50.00) payable to the Florida Department of State.

If you have any questions, please let me know.

Very truly yours,



Terrence P. McHugh

TPM:jlbb

Enclosure

Cc: Rachel Love
Douglas G. Bugie