

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

04-17-2006 90042 012 ****55.00

DOCUMENT # L05000003666

1. Entity Name
NBT INDUSTRIES, LLC



Principal Place of Business
**401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292 US**

Mailing Address
**401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292 US**

30011387



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04062006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

26-2168021

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, N. BERRY
401 COMMERCIAL COURT
SUITE A
VENICE, FL 34292**

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
TAYLOR, N. BERRY
401 COMMERCIAL COURT, SUITE A
VENICE, FL 34292**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PRESIDENT
TAYLOR, N. BERRY
401 COMMERCIAL COURT, SUITE A
VENICE, FL 34292**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**COO/5
HAGAN, KEVIN
401 COMMERCIAL COURT, SUITE A
VENICE, FL 34292**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CFO/T
PEACOCK, FRANK
401 COMMERCIAL COURT, SUITE A
VENICE, FL 34292**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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]

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

4/6/06

Date

741-484-5339

Daytime Phone #