

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021730

Entity Name: NEIBERTS, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

C/O ERIK MOGELVANG
912 PREACHER CT.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O ERIK MOGELVANG
912 PREACHER CT.
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-2428856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34103 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOGELVANG, ERIK
Address: 912 PREACHER CT.
City-St-Zip: NAPLES, FL 34104

Title: MGRM () Delete
Name: SCOTT, JON
Address: 1628 HOLLY ROAD #1
City-St-Zip: LAKELAND, FL 33801

Title: MGRM () Delete
Name: MOGELVANG, CHRISTIAN M
Address: P.O. BOX 3316
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIK E MOGELVANG

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date