


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000033286</b> 1. Entity Name <b>N B M MANAGEMENT, LLC</b>	
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Principal Place of Business <b>5172 SEAHORSE AVE. NAPLES, FL 34103</b>	Mailing Address <b>5172 SEAHORSE AVE. NAPLES, FL 34103</b>
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**DO NOT WRITE IN THIS SPACE**



01102007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>71-0980211</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MINOR, Q. GRADY  
5172 SEAHORSE AVE  
NAPLES, FL 34103**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000593274  
01/22/07-80022-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSHMAN, JEROME J 12089 COLLIERS RESERVE DR. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINOR, QUINTON G TRUSTEE 5172 SEAHORSE AVE. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINOR, NANCY P TRUSTEE 5172 SEAHORSE AVE. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**  **1-13-07 2392632029**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #