


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90086 008 \*\*\*\*50.00

<b>DOCUMENT # L05000052961</b>		
1. Entity Name <b>NORTH B STREET, LLC</b>		
Principal Place of Business <b>6 CARRIAGE ROAD COS COB, CT 06807</b>		Mailing Address <b>6 CARRIAGE ROAD COS COB, CT 06807</b>

**20048493**



2. Principal Place of Business		3. Mailing Address		07032006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GIBBONS, GARY A</b> <b>3321 HENDERSON BOULEVARD</b> <b>TAMPA, FL 33609</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <b>Joyce Somm</b> <b>6 Carriage Road</b> <b>Cos Cob, CT 06807</b> <input type="checkbox"/> Change <input checked="" 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
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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 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:** Joyce Somm 7/2/06 203 964 7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone

ATTACHMENT  
20048493  
GIBBONS, NEUMAN, BELLO, SEGALL & ALLEN  
A PROFESSIONAL ASSOCIATION  
ATTORNEYS AND COUNSELLORS AT LAW

3321 HENDERSON BOULEVARD  
TAMPA, FLORIDA 33609  
MAILING ADDRESS:  
P. O. BOX 2177  
TAMPA, FLORIDA 33601  
<http://www.gibblaw.com>  
FAX (813) 877-9290  
(813) 877-9222

July 6, 2006

Florida Division of Corporations  
P. O. Box 6198  
Tallahassee, FL 32314-6198

Re: Document No.: L05000052961  
Entity Name: North B Street, LLC

Dear Filing Agent:

Enclosed is 2006 Limited Liability Company Annual Report Form for the above-referenced Document No. and Company together with Joyce Somm's Check No. 1291, in the amount of \$50.00, drawn on Wachovia Bank, N.A., as payment of the 2006 Annual Fees.

Please note this payment is pursuant to the Notice of Intent to Dissolve that Joyce Somm, Manager of the above-referenced company received.

Thank you for your attention to this matter.

With best regards,

  
Gary A. Gibbons

GAG/sjm  
Enclosures