2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# L05000059530

Entity Name: NAME BEE, LLC

Current Principal Place of Business:

568 NINTH STREET SOUTH
SUITE 202
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

568 NINTH STREET SOUTH
SUITE 202
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-3007855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LIESKE, NOAH S
568 NINTH STREET SOUTH
SUITE 202
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:	SOLARES, SIGMUND J	
Address:	568 NINTH STREET SOUTH SUITE 202	
City-St-Zip:	NAPLES, FL 34102	
Title:	MGR	( ) Delete
Name:	LIESKE, NOAH S	
Address:	568 NINTH STREET SOUTH SUITE 202	
City-St-Zip:	NAPLES, FL 34102	
Title:	MGR	( ) Delete
Name:	SMITH, MATTHEW H	
Address:	650 POYDRAS STREET SUITE 1150	
City-St-Zip:	NEW ORLEANS, LA 70130	
Title:	MGR	( ) Delete
Name:	GARDNER, MICHAEL H	
Address:	3959 VAN DYKE ROAD SUITE 246	
City-St-Zip:	LUTZ, FL 33549	
Title:	MGR	( ) Delete
Name:	MOORE, WILLIAM D	
Address:	509 BROADWELL DRIVE	
City-St-Zip:	NASHVILLE, TN 37220	

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:	
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: NOAH LIESKE MGR 04/17/2007

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