

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5 **FILED**
Jun 07, 2006 8:00 am
Secretary of State

05-03-2006 90036 042 ***150.00

DOCUMENT # L05000075530 1. Entity Name NBAC HOLDINGS GROUP # 2 LLC					
Principal Place of Business 20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180 US			Mailing Address 20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3238189	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5.00 Additional Fee Required				5012006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent ARS & ASSOCIATES INC 20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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	MGRM NORTON, HARRY 13172 NW 18TH STREET PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAC URBAN INITATIVES INC 6630 NW 27TH AVE MIAMI, FL 33143	<input type="checkbox"/> Delete			
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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: <i>X Harry Norton</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

HARRY NORTON