

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000081797

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** NCD 1, LLC

**Current Principal Place of Business:**

1983 CENTRE POINTE BOULEVARD  
SUITE 200  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 12500  
TALLAHASSEE, FL 323172500 US

**New Mailing Address:**

**FEI Number:** 76-0799393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWARTZ, GEOFFREY B  
1983 CENTRE POINTE BOULEVARD  
SUITE 200  
TALLAHASSEE, FL 32308 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  
**Name:** SCHWARTZ, GEOFFREY B  
**Address:** 1983 CENTRE POINTE BLVD., STE. 200  
**City-St-Zip:** TALLAHASSEE, FL 32308 US

**Title:** MGRM  
**Name:** HUEY, MICHAEL -  
**Address:** 301 S. BRONOUGH STREET. SUITE 600  
**City-St-Zip:** TALLAHASSEE, FL 32301

I hereby 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:** GEOFFREY B. SCHWARTZ

MGRM

03/31/2010

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