2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087872

Entity Name: NSB2, LLC

FILED Mar 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

240 GOLF CLUB DRIVE

NEW SMYRNA BEACH, FL 32168

Current Mailing Address: New Mailing Address:

240 GOLF CLUB DRIVE

NEW SMYRNA BEACH, FL 32168

FEI Number: 20-3425224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALCORN, THOMAS D MGR
240 GOLF CLUB DRIVE

ALCORN, THOMAS D MGRM
240 GOLF CLUB DRIVE

NEW SMYRNA BEACH, FL 32168 US NEW SMYRNA BEACH, FL 32168 US

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: THOMAS D. ALCORN 03/28/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

 Title:
 MGR
 () Delete

 Name:
 ALCORN, THOMAS D MGR

 Address:
 240 GOLF CLUB DRIVE

City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALCORN, THOMAS D MGRM
Address: 240 GOLF CLUB DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MR () Change (X) Addition

Name: PURDON, ROBERT MGR
Address: 37940 APIARY ROAD
City-St-Zip: GRAND ISLAND, FL 32735 US

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS D. ALCORN MGMR 03/28/2009