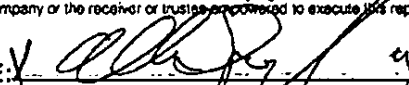


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

REJECTED
05-01-2006 90075 024 *****50.00

FL05000094203
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 27 AM 10:56

DOCUMENT # L05000094203					
1. Entity Name NBL, LLC					
Principal Place of Business 31608 U.S. HIGHWAY 19 PALM HARBOR, FL 34684			Mailing Address 31608 U.S. HIGHWAY 19 PALM HARBOR, FL 34684		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3548912	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DRIS, MICHAEL E ESQ. 31608 U.S. HIGHWAY 19 PALM HARBOR, FL 34684			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
	Pres. HLLAN M. SPIEGEL	3533 Shoreline Circle	PALM HARBOR FL 34684		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
	Secy Stacy Spiegel	3533 Shoreline Circle	PALM HARBOR, FL 34684		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
10. ADDITIONS/CHANGES					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ 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 606, Florida Statutes.					
SIGNATURE: 				Date: 4/26/06 757-787-7077	

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