


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90145 025 ****55.00

DOCUMENT # L05000096850	
1. Entity Name NBDPI VENTURES LLC	

Principal Place of Business 1799 W. OAKLAND PARK BOULEVARD SUITE 105 FORT LAUDERDALE FL 33311	Mailing Address 1799 W. OAKLAND PARK BOULEVARD SUITE 105 FORT LAUDERDALE FL 33311
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2. Principal Place of Business 3217 NW 10th terrace	3. Mailing Address PO Box 5084
Suite, Apt. #, etc. 304	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State FT LAUDERDALE FL	City & State FL LAUDERDALE FL
Zip 33309	Zip 33309
Country USA	Country USA

4. FEI Number 30-0338725	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, 28TH FL MIAMI FL 33131	7. Name and Address of New Registered Agent Name Howard Dekkers Street Address (P.O. Box Number is Not Acceptable) 3217 NW 10th terrace #304 FT LAUDERDALE FL 33309 City FL Zip Code
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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 Howard Dekkers Howard Dekkers 1-22-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE: NAME: STREET ADDRESS CITY-ST-ZIP	MGR HOWARD DEKKERS 3217 NW 10th terrace #304 FT LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS CITY-ST-ZIP	MGR CLAUDE HANUSCHAK 3217 NW 10th terrace #304 FT LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS CITY-ST-ZIP	MGR MIKE RINDONE 3217 NW 10th terrace #304 FT LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Howard Dekkers 1-22-06 954-566-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #