

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # L05000096850

1. Entity Name
NBDPI VENTURES LLC



Principal Place of Business
3217 NW 10TH TERRACE
SUITE 304
FORT LAUDERDALE, FL 33309

Mailing Address
P O BOX 5084
FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
30-0338725

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEKKES, HOWARD
3217 NW 10TH TERRACE #304
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DEKKES, HOWARD
STREET ADDRESS 3217 NW 10TH TERRACE #304
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE MGR
NAME HANSUCHAK, CLAUDE
STREET ADDRESS 3217 NW 10TH TERRACE #304
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE MGR
NAME RINOONE, MIKE
STREET ADDRESS 3217 NW 10TH TERRACE #304
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000676739
03/30/07-80073-004 55.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-19-07 954-566-4547