2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000096850

1. Entity Name
NBDPI VENTURES LLC

Principal Place of Business	Mailing Address
3217 NW 10TH TERRACE SUITE 304 FORT LAUDERDALE, FL 33309	P O BOX 5084 FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

01032008 No Chg-LLC CR2E083 (12/07)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000840833
03/06/08-80045-007 143.75

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 2-18-08 954-566-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #