

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096850

Entity Name: NBDPI VENTURES LLC

FILED
Feb 03, 2009
Secretary of State

Current Principal Place of Business:

3217 NW 10TH TERRACE
SUITE 304
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

P O BOX 5084
FORT LAUDERDALE, FL 33309

New Mailing Address:

P O BOX 5047
FORT LAUDERDALE, FL 33310

FEI Number: 30-0338725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC
515 EAST PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEKKES, HOWARD
Address: 3217 NW 10TH TERRACE #304
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR () Delete
Name: HANSUCHAK, CLAUDE
Address: 3217 NW 10TH TERRACE #304
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR () Delete
Name: RINOONE, MIKE
Address: 3217 NW 10TH TERRACE #304
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HOWARD DEKKERS

MGR

02/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date