

FILED
Jun 25, 2007 8:00 am
Secretary of State

05-14-2007 90362 031 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000033716			
1. Entity Name NB ST. LUCIE GROVE, LLC			
Principal Place of Business 2005 WEST CYPRESS CREEK ROAD, SUITE 202 FORT LAUDERDALE, FL 33309		Mailing Address 2005 WEST CYPRESS CREEK ROAD, SUITE 202 FORT LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent BUTTERS, NATHAN 2005 WEST CYPRESS CREEK ROAD, SUITE 202 FT. LAUDERDALE, FL 33309		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 fee if applicable. (NOTE: Registered Agent signature required when re-electing)			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Mgt Partner NAT BUTTERS 2005 W CYPRESS CREEK RD Suite 202, FT Lauderdale, FL, 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: 		5/1/07 954-711-5056 x 208	