## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Apr 01, 2008 8:00 am Secretary of State **DOCUMENT # L06000055083** 04-01-2008 90064 050 \*\*\*138.75 1. Entity Name 9132 NBR LLC Principal Place of Business Mailing Address 8 SAN DIEGOJ ROAD 8 SAN DIEGOJ ROAD 60018771 PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business - No P.O. Box # 3. Mailing Address S SAN DIEGO ROAD 8 SAN DIEgo Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-4952719 Not Applicable Zip \$5.00 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENOLD-JR. IBACH, JOHN R Street Address (P.O. Box Number is Not Acceptable) 1301 RIVERPLACE BLVD. **SUITE 1500** 8 SANGE DIAGO Rd. JACKSONVILLE, FL 32082 PONTE VEDRA BEACH 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR mε MGR ☐ Delete TITLE Change Addition ARNOLD HALTER JR ARNOLD, Walter JR NAME 8 SAN DIEGO RD 8 SAN DIEGO Rd STREET ADDRESS STREET ADORESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP PONTE VEDER BEACH. 32082 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Chance ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ШE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 904 285 8051 O MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE