

**FILED**  
**Jun 18, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90088 031 \*\*\*143.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 1/**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                                                                     |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>DOCUMENT # L07000020130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |                                                    |                        |
| 1. Entity Name<br><b>NBTMEG ASSOCIATES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                                                                     |                        |
| Principal Place of Business<br><b>1933 OCEANVIEW DRIVE<br/>TERRA VERDE FL 33715</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | Mailing Address<br><b>1933 OCEANVIEW DRIVE<br/>TERRA VERDE FL 33715</b>                                                             |                        |
| 2. Principal Place of Business - P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | 3. Mailing Address                                                                                                                  |                        |
| SUTA, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                | SUTA, Apt. #, etc.                                                                                                                  |                        |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                | City & State                                                                                                                        |                        |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                        | Zip                                                                                                                                 | Country                |
| 4. FEE NUMBER:<br><b>20-8539190</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | Applied For<br>Not Applicable                                                                                                       |                        |
| 5. Confirms of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                | \$5.00 Additional Fee Required                                                                                                      |                        |
| 6. Name and Address of Current Registered Agent<br><b>KOPEL DENISE<br/>1933 OCEANVIEW DRIVE<br/>TERRA VERDE FL 33715</b>                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                | 7. Name and Address of New Registered Agent<br>Name:<br>Street Address (P.O. Box Number is Not Acceptable):<br>City:<br>FL Zip Code |                        |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                                                                     |                        |
| FILE NOW!!! FEE IS \$138.75.<br>After May 1, 2008, Fee Will Be \$538.75.<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |                                                                                                                                     |                        |
| <b>MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                | <b>ADDITIONS/CHANGES</b>                                                                                                            |                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Managing member</b><br><b>Matthew Jacobson</b><br><b>1406 Harbour Walk, Tampa, FL 33607</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                      | <b>Managing member</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                      |                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                      |                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                      |                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                      |                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                      |                        |
| 11. I hereby certify that the information supplied with this filing complies with the requirements contained in Section 119, Florida Statutes. I further certify that the information furnished on this report is true and accurate and that my Signature shall have the same legal effect as if made under oath; and I am a managing member or manager of the limited liability company or the receiver is duly authorized to make this report as required by Chapter 620, Florida Statutes. |                                                                                                |                                                                                                                                     |                        |
| SIGNATURE: <b>Denise M. Kopel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                | <b>1/24/08 727-567-2091</b>                                                                                                         |                        |



ATTACHMENT  
30009487

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 2, 2008

NUTMEG ASSOCIATES-I, LLC  
1933 OCEANVIEW DRIVE  
TIERRA VERDE, FL 33715

Subject: NUTMEG ASSOCIATES-I, LLC

Reference Number: L07000020130

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$143.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sk

ANNUAL REPORTS SECTION

As confirmed with your  
office - we listed the managing  
member (only) & resubmit for  
final approval!

Debbie Kopel

P.O. BOX 6478 - Tallahassee, Florida 32314