

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043958

FILED
Apr 20, 2009
Secretary of State

Entity Name: NBS MARINA I, LLC

Current Principal Place of Business:

420 S ORANGE AVE, STE 400
ORLANDO, FL 32801 US

New Principal Place of Business:

420 S ORANGE AVE STE 400
ORLANDO, FL 32801 US

Current Mailing Address:

420 S ORANGE AVE, STE 400
ORLANDO, FL 32801 US

New Mailing Address:

420 S ORANGE AVE STE 400
ORLANDO, FL 32801 US

FEI Number: 80-0189590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PACE, DAVID G
420 S ORANGE AVE, STE 400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

PACE, DAVID G
420 S ORANGE AVE STE 400
ORLANDO, FL 32801 US

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:

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PACE, DAVID G
Address: 420 S ORANGE AVE, STE 400
City-St-Zip: ORLANDO, FL 32801 US

Title: VP () Delete
Name: CLASSE, JOHN H JR.
Address: 420 S ORANGE AVE, STE 400
City-St-Zip: ORLANDO, FL 32801 US

Title: S () Delete
Name: PITT, LAWRENCE B
Address: 420 S ORANGE AVE, STE 400
City-St-Zip: ORLANDO, FL 32801 US

Title: T (X) Delete
Name: THOMAS, SHARON L
Address: 420 S ORANGE AVE, STE 400
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: PACE, DAVID G
Address: 420 S ORANGE AVE STE 400
City-St-Zip: ORLANDO, FL 32801 US

Title: VPT (X) Change () Addition
Name: THOMAS, SHARON L
Address: 420 S ORANGE AVE STE 400
City-St-Zip: ORLANDO, FL 32801 US

Title: S (X) Change () Addition
Name: PITT, LAWRENCE B
Address: 420 S ORANGE AVE STE 400
City-St-Zip: ORLANDO, FL 32801 US

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: DAVID G. PACE

MGR

04/20/2009

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