

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067190

Entity Name: NSB CONDO I, LLC

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

4153 S. ATLANTIC AVE. UNIT 3150  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

4153 S. ATLANTIC AVE. UNIT 315  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

C/O KIMBERLY P. ROSS  
10231 COVE LAKE DR.  
ORLANDO, FL 32836

**New Mailing Address:**

FEI Number: 26-2968550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSS, KIMBERLY P  
10231 COVE LAKE DIVE  
ORLANDO, FL 32836 US

**Name and Address of New Registered Agent:**

ROSS, KIMBERLY P  
10231 COVE LAKE DRIVE  
ORLANDO, FL 32836 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/16/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MRS. ( ) Change (X) Addition  
Name: ROSS, KIMBERLY P  
Address: 10231 COVE LAKE DRIVE  
City-St-Zip: ORLANDO, FL 32836

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: KIMBERLY P. ROSS

MRS.

04/16/2009

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