

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90081 001 \*\*\*100.00

**DOCUMENT # L98000001543**

1. Entity Name  
NB UNIVERSITY L.L.C.



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

30004010



**DO NOT WRITE IN THIS SPACE**

03202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-0880326

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BUTTERS, NATHAN  
2005 W. CYPRESS CREEK RD, STE: 202  
FORT LAUDERDALE, FL 33309

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IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BUTTERS, NATHAN  
2005 WEST CYPRESS CREEK ROAD, SUITE 202  
FORT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Nat Butters* **Nat Butters** 4/5/06 954-771-5056