
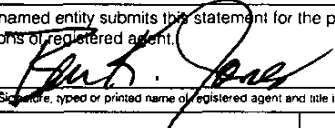
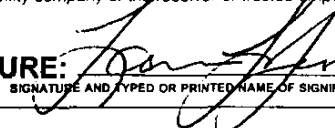


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90084 031 \*\*\*\*50.00

<b>DOCUMENT # M02000002882</b> 1. Entity Name <b>NABORHOOD BUILDING PRODUCTS, L.L.C.</b>					
Principal Place of Business <b>1240 COMMERCE DR SUITE E GULF SHORES, AL 36542</b>			Mailing Address <b>PO BOX 2287 GULF SHORES, AL 36547</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>94-3420843</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				01222007    Chg-LLC    CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>WHYTE, JEFFREY H 5125 THARPE ST TALLAHASSEE, FL 32303</b>			7. Name and Address of New Registered Agent Name <b>BEN K. JONES</b> Street Address (P.O. Box Number is Not Acceptable) <b>7780 SEARS BLVD.</b> City <b>PENSACOLA</b> FL <b>32514</b>		
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 		<b>BEN K. JONES</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>01/25/07</b> <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR NABORS, PAUL L 1240 COMMERCE DR SUITE E GULF SHORES, AL 36542</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MILLER, GARY A 5237 BUILDING G, HALLSMILL RD. MOBILE, AL 36619</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V LOPER, JOSEPH D 5237 BUILDING G, HALLSMILL RD. MOBILE, AL 36619</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:  LAWRENCE L. JONES, COMPTROLLER 01/22/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					