

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # M02000002882

1. Entity Name
NABORHOOD BUILDING PRODUCTS, L.L.C.



Principal Place of Business
**1240 COMMERCE DR
SUITE E
GULF SHORES, AL 36542**

Mailing Address
**PO BOX 2287
GULF SHORES, AL 36547**



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3420843

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, BEN K
7780 SEARS BLVD
PENSACOLA, FL 32514**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NABORS, PAUL L
1240 COMMERCE DR SUITE E
GULF SHORES, AL 36542**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MILLER, GARY A
5237 BUILDING G, HALLSMILL RD.
MOBILE, AL 36619**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LOPER, JOSEPH D
5237 BUILDING G, HALLSMILL RD.
MOBILE, AL 36619**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000735923
01/29/08-80011-024-138.75

**DO NOT WRITE
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: Paul L. Nabors **Paul L. Nabors, Manager**

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

Date

01/18/08

Daytime Phone #