

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90520 001 ***287.50

DOCUMENT # M04000004794

1. Entity Name
NBR MANAGER, LLC



Principal Place of Business
3530 KRAFT ROAD SUITE 300
NAPLES, FL 34105

Mailing Address
3530 KRAFT ROAD SUITE 300
NAPLES, FL 34105

30007006



02122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1919047

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRANT, RICHARD C
5551 RIDGEWOOD DR.
NAPLES, FL 34108

**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	MGR
NAME	ANTARAMIAN, JACK J
STREET ADDRESS	3530 KRAFT ROAD SUITE 300
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	MGR
NAME	PEZESHKAN, F.FRED
STREET ADDRESS	3520 KRAFT ROAD
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	MGR
NAME	EBRAHIMI, ALI
STREET ADDRESS	9801 WESTHEIMER, STE. 250
CITY-ST-ZIP	HOUSTON, TX 77042
TITLE	VP
NAME	MACIVOR, THOMAS A
STREET ADDRESS	3530 KRAFT ROAD SUITE 300
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Thomas A. Macivor

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

3/31/08

Date

(239) 434-0600

Daytime Phone #