


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000005103</b> 1. Entity Name <b>NBE, LLC</b>	
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Principal Place of Business <b>23 KENSINGTON PLACE ALBANY NY 12209</b>	Mailing Address <b>23 KENSINGTON PLACE ALBANY NY 12209</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number <b>51-0429242</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>NATIONAL CORPORATE RESEARCH, LTD. INC.</b> <b>515 E. PARK AVE.</b> <b>TALLAHASSEE FL 32301</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE	<b>MGR</b> <input type="checkbox"/> Delete
NAME	<b>SMITH, KEVIN A</b>
STREET ADDRESS	<b>23 KENSINGTON PLACE</b>
CITY-ST-ZIP	<b>ALBANY NY 12209</b>
TITLE	<b>MGR</b> <input type="checkbox"/> Delete
NAME	<b>SMITH, FREDERIC W III</b>
STREET ADDRESS	<b>23 KENSINGTON PLACE</b>
CITY-ST-ZIP	<b>ALBANY NY 12209</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>U00000718586</b>
STREET ADDRESS	<b>05/01/07-80027-024 50.00</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Kevin A Smith 4/16/07 518-459-1649  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #