

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000005103

**FILED  
Jul 08, 2008  
Secretary of State**

**Entity Name:** NBE, LLC

**Current Principal Place of Business:**

23 KENSINGTON PLACE  
ALBANY, NY 12209

**New Principal Place of Business:**

**Current Mailing Address:**

23 KENSINGTON PLACE  
ALBANY, NY 12209

**New Mailing Address:**

**FEI Number:** 51-0429242      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD. INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301      US

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: SMITH, KEVIN A  
Address: 23 KENSINGTON PLACE  
City-St-Zip: ALBANY, NY 12209

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: SMITH, FREDERIC W III  
Address: 23 KENSINGTON PLACE  
City-St-Zip: ALBANY, NY 12209

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

07/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date