

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000340

FILED
Jan 09, 2006
Secretary of State

Entity Name: NB JACKSONVILLE-ST. JOHNS, LLC

Current Principal Place of Business:

4663 RIVER CITY DRIVE, SUITE 107
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

4663 RIVER CITY DRIVE, SUITE 107
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 38-3713593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCPECKS, GRACE
4663 RIVER CITY DRIVE, SUITE 107
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

DREISCH, DAVID S
4663 RIVER CITY DRIVE, SUITE 107
JACKSONVILLE, FL 32246 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: DAVID S. DREISCH

01/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NATURAL BODY INTERNA, TIONAL, INC.
Address: 754 PEACHTREE STREET, N.E., STE 105
City-St-Zip: ATLANTA, GA 30308

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ARNOLD E. RUBINOFF

CHRM

01/09/2006

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