2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007
Secretary of State

DOCUMENT# M05000000340

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:

1145 ZONOLITE ROAD
SUITE 9
ATLANTA, GA 30306 US

FEI Number: 38-3713593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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: MGR (X) Change ( ) Addition
Name: NATURAL BODY INTERNA, TIONAL, INC.
Address: 1145 ZONOLITE ROAD, SUITE 9
City-St-Zip: ATLANTA, GA 30306

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: DAVID DREISCH DIR 03/07/2007

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