


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90015 014 \*\*\*\*50.00

<b>DOCUMENT # M05000004783</b>		
1. Entity Name NABORHOOD VISION PROPERTIES, L.L.C.		

Principal Place of Business 22645 CANAL ROAD, SUITE C ORANGE BEACH, AL 36561	Mailing Address 22645 CANAL ROAD, SUITE C ORANGE BEACH, AL 36561
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2. Principal Place of Business 1240 COMMERCE DRIVE Suite, Apt. #, etc. SUITE E	3. Mailing Address POST OFFICE BOX 2287 Suite, Apt. #, etc.
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City & State GULF SHORES, AL	City & State GULF SHORES, AL
Zip 36542 Country	Zip 36547 Country



03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number 87-0707422	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  WHYTE, JEFFERY H 5125 THARPE STREET TALLAHASSEE, FL 32303	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NABORS, PAUL L 22645 CANAL ROAD, SUITE C ORANGE BEACH, AL 36561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER PAUL L. NABORS 1240 COMMERCE DRIVE, SUITE E GULF SHORES, AL 36542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Paul L. Nabors PAUL L. NABORS, MANAGER 3/15/06 251-974-1525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #