


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**


04-13-2006 90039 002 \*\*\*\*50.00

<b>DOCUMENT # M05000006040</b> 1. Entity Name <b>NSB PROPERTIES, LLC</b>					
Principal Place of Business <b>98 ELM STREET, ROUTE 110 SALISBURY, MA 01952</b>			Mailing Address <b>98 ELM STREET, ROUTE 110 SALISBURY, MA 01952</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
03152006 Chg-LLC CR2E083 (11/05)			4. FEI Number <b>56-2487609</b>		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent <b>DEVER, THOMAS W 765 MISSION ROAD NEW SMYRNA BEACH, FL 32168</b>			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 reissuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAPOLUPO, WAYNE P 98 ELM ST ROUTE 110 SALISBURY, MA 01952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAPOLUPO, RICHARD E 98 ELM ST ROUTE 110 SALISBURY, MA 01952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Wayne P. Capolupo</u> <b>WAYNE P. CAPOLUPO</b> 4/19/06 978.462.6543 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

COPY

<b>DOCUMENT # M05000006040</b> 1. Entity Name NSB PROPERTIES, LLC					
Principal Place of Business 98 ELM STREET, ROUTE 110 SALISBURY, MA 01952			Mailing Address 98 ELM STREET, ROUTE 110 SALISBURY, MA 01952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>56-2487609</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEVER, THOMAS W 765 MISSION ROAD NEW SMYRNA BEACH, FL 32168			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAPOLUPO, WAYNE P 98 ELM ST ROUTE 110 SALISBURY, MA 01952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAPOLUPO, RICHARD E 98 ELM ST ROUTE 110 SALISBURY, MA 01952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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 606, Florida Statutes.					
SIGNATURE: <u>Wayne P. Capolupo</u> 4/19/06 973.462.6543 <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

30006405

[REDACTED]

03152006 Chg-LLC CR2E083 (11/05)

ATTACHMENT

~~200610405~~  
# MDS000006040

**NSB PROPERTIES, LLC**  
98 ELM STREET  
SALISBURY, MA 01952  
TELEPHONE 978-462-6543  
FACSIMILE 978-499-0760/978-462-0345

April 10, 2006

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Re: NSB Properties, LLC

Dear Sir or Madam:

Enclosed for filing please find original and one copy of the 2006 Annual Report along with our check for the filing fee in the amount of \$50 for the above-referenced LLC.

Kindly date stamp and return the copy of the report in the enclosed self-addressed stamped envelope.

Thank you for your attention.

Sincerely yours,  
NSB Properties, LLC



Kristen Karolides

KK/  
Enclosures

\\SPS3\SPSDFS\Redir\kkarolides\My Documents\SPS Folder\Annual Reports\NSB Properties\4-10-06 FL letter.doc



**ATTACHMENT**

30006405

**FLORIDA DEPARTMENT OF STATE**

Division of Corporations

**SPS NEW ENGLAND, INC.**

April 17, 2006

APR 24 2006

NSB PROPERTIES, LLC  
98 ELM STREET, ROUTE 110  
SALISBURY, MA 01952

**RECEIVED**

Subject: **NSB PROPERTIES, LLC**

Reference Number: **M05000006040**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cd

ANNUAL REPORTS SECTION