2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 23, 2007 08:00 A Secretary of State

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1. Entity Name NBS NASHVILLE, LLC



Principal Place of Business

2617 EUGENIA AVENUE NASHVILLE, TN 37211

Mailing Address

2617 EUGENIA AVENUE NASHVILLE, TN 37211



01042007 No Chg-LLC

5. Certificate of Status Desired

CR2E083 (11/05)

4. FEI Number 59-3774462

\$5.00 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, STE. 4 WESTON, FL 33331

the obligations of registered agent.

SIGNATURE:

SIGNATURE AND TYPED OR

DO NOT WRITE IN THIS SPACE

SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	ling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, RICHARD A 2617 EUGENIA AVENUE NASHVILLE, TN 37211			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, OUITA C 2617 EUGENIA AVENUE NASHVILLE, TN 37211			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SE	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			00724393 7-80109-014 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			··	
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 at trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				

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