


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90259 020 ***138.75

DOCUMENT # M06000004445

1. Entity Name
NBS NASHVILLE, LLC



Principal Place of Business
**2617 EUGENIA AVENUE
 NASHVILLE, TN 37211**

Mailing Address
**2617 EUGENIA AVENUE
 NASHVILLE, TN 37211**

50006624



2. Principal Place of Business - No P.O. Box #
503-C Ligon Drive

3. Mailing Address
P.O. Box 41714

Suite, Apt. #, etc.

03182008 Chg-LLC CR2E083 (12/06)

City & State
NASHVILLE, TENNESSEE

City & State
NASHVILLE, TENNESSEE

Zip, Country
37204 USA

Zip, Country
37204 USA

4. FEI Number
59-3774462

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, RICHARD A 2617 EUGENIA AVENUE NASHVILLE, TN 37211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, OUITA C 2617 EUGENIA AVENUE NASHVILLE, TN 37211 <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: *[Signature]* **4/30/08 615-248-4200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #