

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M95000000150

FILED
Mar 19, 2008
Secretary of State

Entity Name: NATIONAL BILLING INSTITUTE LIMITED LIABILITY COMPANY, L.C.

Current Principal Place of Business:

6250 N MILITARY TRAIL
SUITE 4
WEST PALM BEACH, FL 33407

New Principal Place of Business:

212 US HWY 1
SUITE 16
TEQUESTA, FL 33469

Current Mailing Address:

6250 N MILITARY TRAIL
SUITE 4
WEST PALM BEACH, FL 33407

New Mailing Address:

212 US HWY 1
SUITE 16
TEQUESTA, FL 33469

FEI Number: 65-0576311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABEL & HALLERAN
1920 E. HALLANDALE BEACH BLVD
SUITE 803
HALLANDALE BEACH, FL 33009 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: MGRM () Delete
Name: EVANS, MICHAEL J
Address: 3337 TURTLE COVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGR () Delete
Name: CABALLERO, MAGFRET
Address: 3337 TURTLE COVE
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL EVANS

MJE

03/19/2008

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