


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90272 016 ****50.00

DOCUMENT # L02000026186

1. Entity Name
NOROC PROPERTIES LLC



Principal Place of Business Mailing Address
811 MALAGA AVE **811 MALAGA AVE**
MIAMI, FL 33134 **MIAMI, FL 33134**

2. Principal Place of Business 3. Mailing Address
3034 ALLAMANDA ST **3034 ALLAMANDA ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
COCONUT GROVE, FL **COCONUT GROVE, FL**
Zip Country Zip Country
33133 **USA** **33133** **USA**



6. Name and Address of Current Registered Agent
KLEIN, THEODORE J ESQ
88 NE 168 STREET
NORTH MIAMI BEACH, FL 33162

4. FEI Number Applied For
06-1651483 Not Applicable

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

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**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAGNER, ROBERT 811 MALAGA AVE MIAMI, FL 33134 <i>> ADDRESS CHANGE ONLY</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3034 ALLAMANDA ST. COCONUT GROVE, FL 33133
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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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

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: *Robert Wagner* 3/20/06 305-461-5079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #