
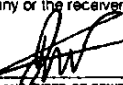


FILED
Apr 04, 2005 8:00 am
Secretary of State

03-11-2005 90053 045 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | | | | | |
|---|---|---|--|---|---|
| DOCUMENT # L04000025575 1. Entity Name NOOR PLANTATION, LLC | | | |  | |
| Principal Place of Business 20600 NW 47 AVE MIAMI, FL 33055 US | | Mailing Address 20600 NW 47 AVE MIAMI, FL 33055 US | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | 03022005 Chg-LLC CR2E083 (10/03) | | |
| 4. FEI Number 2600083628 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired | | <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 8. Name and Address of Current Registered Agent MICHAEL, TAYLOR 20600 NW 47 AVE MIAMI, FL FL, 3-3055 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| B. 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 reissuing)</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DANIEL, MOSHE 20600 NW 47 AVE MIAMI, FL 33055 | <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 DANIEL, AHARON 20600 NW 47 AVE MIAMI, FL 33055 | <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 DANIEL, ISAAC 20600 NW 47 AVE MIAMI, FL 33055 | <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 ALAMARY, JACOB 3155 W OKEECHOBEE RD HIALEAH, FL 33012 | <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 | <input type="checkbox"/> Delete | <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 exemption stated in Section 119.07(3)(l), 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:  | | MOSHE DANIEL | | 3-9-05 | 305-6246623 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |