

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025575

FILED
Mar 12, 2009
Secretary of State

Entity Name: NOOR PLANTATION, LLC

Current Principal Place of Business:

20600 NW 47 AVE
MIAMI, FL 33055 US

New Principal Place of Business:

Current Mailing Address:

20600 NW 47 AVE
MIAMI, FL 33055 US

New Mailing Address:

FEI Number: 26-0083628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIEL, DANIEL
20600 NW 47 AVE
MIAMI, FL FL, 33055 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: DANIEL, MOSHE
Address: 20600 NW 47 AVE
City-St-Zip: MIAMI, FL 33055

Title: MGRM () Delete
Name: DANIEL, AHARON
Address: 20600 NW 47 AVE
City-St-Zip: MIAMI, FL 33055

Title: MGRM () Delete
Name: DANIEL, ISAAC
Address: 20600 NW 47 AVE
City-St-Zip: MIAMI, FL 33055

Title: MGRM () Delete
Name: ALAMARY, JACOB
Address: 3155 W OKEECHOBEE RD
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

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

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

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: MOSHE DANIEL

MGRM

03/12/2009

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