

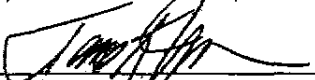


FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000008874		Secretary of State	
1. Entity Name NOLMARK, INC.			
Principal Place of Business 1427 SEGOVIA PLACE THE VILLAGES, FL 32162		Mailing Address 1427 SEGOVIA PLACE THE VILLAGES, FL 32162	
DO NOT WRITE IN THIS SPACE			
		01182005No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 36-3352519	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
		6. Name and Address of Current Registered Agent NOLAN, JAMES K 1427 SEGOVIA PLACE THE VILLAGES, FL 32162	
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, 2005			
9. MANAGING MEMBERS/MANAGERS		1100000201020 01/28/05-80052-002 50.00	
TITLE P NAME NOLAN, JAMES K STREET ADDRESS 1427 SEGOVIA PLACE CITY-ST-ZIP THE VILLAGES, FL 32159		DO NOT WRITE IN THIS SPACE	
TITLE S NAME NOLAN, COLLEEN K STREET ADDRESS 1427 SEGOVIA PLACE CITY-ST-ZIP THE VILLAGES, FL 32159			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  JAMES K. NOLAN		1/25/05 (352)259-7401	