


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000019330 1. Entity Name NOLES, LLC	
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Principal Place of Business 2000 GLADES RD SUITE 324 BOCA RATON, FL 33408	Mailing Address 2000 GLADES RD SUITE 324 BOCA RATON, FL 33408
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0608792	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NORRIS, DAVID B 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH, FL 33408
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>
<small>(NOTE: Registered Agent signature required when reinstating)</small>
DATE _____


**Filing Fee is \$50.00
Due by May 1, 2005**

01202005204083
01/29/05-80057-008 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPENCER, GILBERT 2000 GLADES RD., STE 324 BOCA RATON, FL 33432
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Gilbert Spencer 1/25/05 561-395-3536
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
<small>Date Daytime Phone #</small>