2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000018131

1. Entity Name
NOHO GROUP, LLC

Principal Place of Business	Mailing Address
1906 NORTH ARMENIA AVENUE TAMPA, FL 33607	1906 NORTH ARMENIA AVENUE TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

01232007No Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2282306
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTALDI, RONALD A
% DE LA PARTE & GILBERT, P.A.
101 EAST KENNEDY BOULEVARD, SUITE 3400
TAMPA, FL 33602

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ELLIS, EDWARD G
STREET ADDRESS	1906 N. ARMENIA AV
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	MGR
NAME	GONZALEZ, JOSEPH H
STREET ADDRESS	2119 W. COLUMBUS DR.
CITY-ST-ZIP	TAMPA, FL 33067
TITLE	MGR
NAME	CALDEVILLA, RICHARD S
STREET ADDRESS	1721 N. HOWARD AV
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	MGR
NAME	ELLIS, HOWARD J
STREET ADDRESS	1906 N. ARMENIA AV
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	MGR
NAME	GARCIA, MARK
STREET ADDRESS	1721 N. HOWARD AV
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/07-80019-019 50.00

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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: Howard J Ellis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #