

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000023427

FILED
Nov 24, 2009
Secretary of State**Entity Name:** NOBA, L.L.C.**Current Principal Place of Business:**C/O BANTA PROPERTIES, INC.
4050 N.E. 1ST AVENUE, #117
OAKLAND PARK, FL 33334**New Principal Place of Business:****Current Mailing Address:**C/O BANTA PROPERTIES, INC.
P.O. BOX 24943
FORT LAUDERDALE, FL 33307**New Mailing Address:****FEI Number:** 42-1551441**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANGELO AND BANTA, P.A.
515 EAST LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301 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: BANTA, CATHERINE M
Address: P.O. BOX 24943
City-St-Zip: FORT LAUDERDALE, FL 33307Title: MGRM () Delete
Name: BANTA, BRADFORD C
Address: P.O. BOX 24943
City-St-Zip: FORT LAUDERDALE, FL 33307Title: MGRM (X) Delete
Name: UPSHAW, NONA P
Address: 336 W. 95TH APT 51
City-St-Zip: NEW YORK, NY 10025**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:

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: BRADFORD C. BANTA

MGRM

11/24/2009

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