

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000001137**

1. Entity Name  
**N O B HILL COMMERCE CENTER, L.L.C.**



Principal Place of Business

**7951 SW 40 STREET  
STE: 206  
MIAMI, FL 33155**

Mailing Address

**7951 SW 40 STREET  
STE: 206  
MIAMI, FL 33155**



05042005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4520220**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, OSVALDO J  
7951 SW 40 STREET  
STE: 206  
MIAMI, FL 33155**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REY SOTO, JAIME
STREET ADDRESS	7951 SW 40 STREET, STE: 206
CITY-ST-ZIP	MIAMI, FL 33155

TITLE	
NAME	
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CITY-ST-ZIP	

U00000364565  
05/09/05-80001-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

05/05/05

Date

954-772-5956

Daytime Phone #