


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90038 012 \*\*\*\*50.00

**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**

2. Principal Place of Business  
**783 SHOTGUN ROAD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**783 SHOTGUN ROAD**  
 Suite, Apt. #, etc.



01172006 Chg-LLC CR2E083 (11/05)

City & State  
**SUNRISE, FL**

City & State  
**SUNRISE, FL**

Zip  
**33326**

Country  
**USA**

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**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2006**

Make check payable to **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REY SOTO, JAIME 7951 SW 40 STREET, STE: 206 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REY SOTO, JAIME 783 SHOTGUN ROAD SUNRISE, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JAIME REY SOTO** **2-22-06** **954-385-0244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #