

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009767

Entity Name: NOMARRE REALTY, LLC

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

100 BLOOMINGDALE ROAD
LEVITTOWN, NY 11756

New Principal Place of Business:

233 LANTERNBACK DR
SATELLITE BEACH, FL 32904

Current Mailing Address:

100 BLOOMINGDALE ROAD
LEVITTOWN, NY 11756

New Mailing Address:

233 LANTERNBACK DR
SATELLITE BEACH, FL 32904

FEI Number: 35-2199606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

ALEX, LAMARRE
233 LANTERNBACK DR
SATELLITE BEACH, FL 32904

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: ALEX LAMARRE

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NOE, KENNETH
Address: 100 BLOOMINGDALE ROAD
City-St-Zip: LEVITTOWN, NY 11756

Title: MGRM () Delete
Name: LAMARRE, ALEX
Address: 233 LANTERNBACK ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32904

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NOE, KENNETH
Address: 128 HARRIS DR
City-St-Zip: OCEANSIDE, NY 11572

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEN NOE

MGR

04/30/2004

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