

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017807

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: NOB HILL VENTURES, LLC

**Current Principal Place of Business:**

944 SAN PEDRO AVENUE  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

7241 SW 63 AVENUE  
UNIT 101-A  
MIAMI, FL 33143

**Current Mailing Address:**

944 SAN PEDRO AVENUE  
CORAL GABLES, FL 33156

**New Mailing Address:**

7241 SW 63 AVENUE  
UNIT 101-A  
MIAMI, FL 33143

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ENGLISH, NANCY  
944 SAN PEDRO AVENUE  
CORAL GABLES, FL 33156

**Name and Address of New Registered Agent:**

ENGLISH, NANCY  
7241 SW 63 AVENUE  
UNIT 101-A  
MIAMI, FL 33143

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: \_\_\_\_\_ 04/30/2004  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ENGLISH, NANCY  
Address: 944 SAN PEDRO AVENUE  
City-St-Zip: CORAL GABLES, FL 33156

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ENGLISH, NANCY  
Address: 7241 SW 63 AVENUE  
City-St-Zip: MIAMI, FL 33143

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: NANCY ENGLISH                      MGR                      04/30/2004  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date