2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000022651

1. Entity Name
NOAH, LLC

Principal Place of Business	Mailing Address
201 NORTH HOGAN STREET SUITE 400 JACKSONVILLE, FL 32202	201 NORTH HOGAN STREET SUITE 400 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

01062006No Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3765064
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLARY, GLEN ESQ
201 NORTH HOGAN ST
SUITE 400
JACKSONVILLE, FL 32202

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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: Glen A McClary 1-9-06
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 May 1, 2006

000000381611
01/11/06-80061-011 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MCCLARY, GLEN
STREET ADDRESS	201 NORTH HOGAN STREET, SUITE 400
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGR
NAME	ECKELS, MARK
STREET ADDRESS	201 NORTH HOGAN STREET, SUITE 400
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGR
NAME	VANDERLINDE, KRISTEN
STREET ADDRESS	201 NORTH HOGAN STREET, SUITE 400
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGR
NAME	SAMUELS, BENFORD
STREET ADDRESS	201 NORTH HOGAN STREET, SUITE 400
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGR
NAME	SCHRADER, ROBERT
STREET ADDRESS	201 NORTH HOGAN STREET, SUITE 400
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

Glen A. McClary, Managing Partner

SIGNATURE: 1-9-06 904-353-6241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #