

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022651

Entity Name: NOAH, LLC

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

201 NORTH HOGAN STREET  
SUITE 400  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

## Current Mailing Address:

201 NORTH HOGAN STREET  
SUITE 400  
JACKSONVILLE, FL 32202

## New Mailing Address:

FEI Number: 04-3765064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MCCLARY, GLEN  
Address: 201 NORTH HOGAN STREET, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR ( ) Delete  
Name: ECKELS, MARK  
Address: 201 NORTH HOGAN STREET, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR ( ) Delete  
Name: VANDERLINDE, KRISTEN  
Address: 201 NORTH HOGAN STREET, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR ( ) Delete  
Name: SAMUELS, BENFORD  
Address: 201 NORTH HOGAN STREET, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR ( ) Delete  
Name: SCHRADER, ROBERT  
Address: 201 NORTH HOGAN STREET, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GLEN A MCCLARY

MGR

03/23/2009

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