

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041461

Entity Name: NOB, L.L.C.

FILED  
Jan 13, 2005  
Secretary of State

**Current Principal Place of Business:**

4109 WEST BAY COURT AVENUE  
TAMPA, FL 33611

**New Principal Place of Business:**

106 S. WOODLYNNE AVE  
TAMPA, FL 336093013 US

**Current Mailing Address:**

4109 WEST BAY COURT AVENUE  
TAMPA, FL 33611

**New Mailing Address:**

106 S WOODLYNNE AVE  
TAMPA, FL 336093013 US

FEI Number: 74-3111834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NOLAN, MICHAEL J  
4109 WEST BAY COURT AVENUE  
TAMPA, FL 33611 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: NOLAN, MICHAEL J  
Address: 4109 W. BAY COURT AVE.  
City-St-Zip: TAMPA, FL 336111201

Title: MGRM ( ) Delete  
Name: O'BRIEN, KENNETH G  
Address: 4109 W. BAY COURT AVE.  
City-St-Zip: TAMPA, FL 336111201 US

**ADDITIONS/CHANGES:**

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 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: MICHAEL J. NOLAN

MGR

01/13/2005

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