

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041461

Entity Name: NOB, L.L.C.

FILED  
Jan 05, 2006  
Secretary of State

**Current Principal Place of Business:**

106 S. WOODLYNNE AVE  
TAMPA, FL 336093013 US

**New Principal Place of Business:**

**Current Mailing Address:**

106 S WOODLYNNE AVE  
TAMPA, FL 336093013 US

**New Mailing Address:**

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:**

NOLAN, MICHAEL J  
106 S WOODLYNNE AVE  
TAMPA, FL 336093013 US

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:

01/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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: MGR (X) Change ( ) Addition  
Name: NOLAN, MICHAEL J  
Address: 106 S WOODLYNNE AVE  
City-St-Zip: TAMPA, FL 336093012

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 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: MICHAEL J. NOLAN

MGR

01/05/2006

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