2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED May 10, 2004 8:00 am Secretary of State

					Secretary of State
DOCUMENT # L03000042386					04-16-2004 90416 044 ****50.00
1. Entity Name					
NOEL NA	SSAU, LLC				
			18		
Principal Place	e of Business	Mailing Address			
17262 RIVER ISLE CIRCLE 17262 RIVER ISLE CIRCLE					
JACKSONVI	LLE FL 32226	JACKSONVILLE FL	32226		
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Principal Place of Business			ailing Address		-!
					T CHOCKEL DU BULLEK 1888 DIZEZ ERREN BYTIT BOIT AFOTE REBET PROTE EMOTE ATTORIT
Suite, Apt. #. etc.		Suite, Apt. #, etc. 605TF. City & State		•	MOORE CR2E083 (11/03)
City & State		City & State		<i>n</i> 	4. FEI Number / / Applied For
City di State		MAR 1 0 King		•	43-2034676 Not Applicable
Zip	Country	Zip	Country	5	5. Certificate of Status Desired 55.00 Additional
					Fee Required
	6.: Name and Address of Current	Registered Agent	Name		~7." Hame and Address of New Registered Agent
PER	PALL, LEON A III	a ment appearance to surface			ر ومن <u>ت</u> ب مديد دريد دريمهوي الدايد يوانواند والمعالم
1726	62 RIVER ISLE CIRCLE	· 	Street	Address ((P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32226					
\			City		Zip Code
ļ					
	named entity submits this statement to ions of registered agent.	r the purpose of changing	its registered office of	r register	ered agent, or both, in the State of Florida. I am familiar with, and accept
l vangan	and all regions de again.				
SIGNATURE .	Signature, typed or printed name of registered agent	and fille if applicable.	NOTE: Regustered Agent signs	duré l'equirec	ed when reinstating) DATE
		17 (8 15 4 TO LA 2 MOTO)	NOW!!! FEE IS!	- V-7 (28.794
j .		A 20 4 to 1	rable to Florida De	7.4	ent of State
		And the second s	Due By May 1, 200		
9.	MANAGING MEMBE	RS/MANAGERS	10.	A S Tagent Lin	ADDITIONS/CHANGES
TITLE		☐ Delete	TITLE	DIR	CLETOR Addition
NAME			NAME	(£e¢	MA XPERPANCA ILICANA A MARAMATANA
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	V IXA	ABY RIVER 13LEY CARCHEY
TITLE		☐ Dalete	TITLE		Change Addition
NAME			NAME		,
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	 -	
TITLE THANKE		Celete	TITLE	7.7.	Change Addition
STREET ADDRESS			STREET ADDRESS		AWNA-B- PERPALL 262 RIVER ISLE CIRCLE
CITY - ST - ZIP			CITY-ST-ZIP	JAC	CKSONVILLE, FLORIDA 32226
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
HAME CIRCL ADDORED			NAME		•
STREET ADDRESS			STREET ADDRESS CITY-ST-ZP		
TILE		☐ Delete	TITLE	┼	☐ Change ☐ Addition
NAME		L Desete	NAME		☐ Asin≹e ☐ wordiou
STREET ADDRESS			STREET ADDRESS	.	
CITY-ST-ZIP	<u> </u>	. <u> </u>	CITY-ST-ZIP	ļ	
TITLE		Delete	TITLE		Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	1	
CITY-ST-ZIP			CITY-ST-ZIP	1	
	certify that the information supplied with	h this filing does not qualif		ated in Si	Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated limited lia	on this report is true and accurate and ibility company or the receiver or truste	that my signature shall he empowered to execute	ave the same legal of this report as required	ect as if r	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the opter 608, Florida Statutes.
				-	1
-SIGNAT	HIDEN ESTATION	-C=11-1-V	<i>7-/</i>		-3 a4 04 -904 1693-050L