## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 03, 2005 08:00 AN Secretary of State DOCUMENT # L03000043940 1. Entity Name NOOR, L.L.C Mailing Address Principal Place of Business **2262 HARBOR VIEW DR** 2262 HARBOR VIEW DR DUNEDIN, FL 34698 US DUNEDIN, FL 34698 US 03212005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0409806 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent MANDANI, KHAIRUNISSA DO NOT WRITE 2262 HARBOR VIEW DR DUNEDIN, FL 34698 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE MANDANI, KHAIRUNISSA NAME STREET ADDRESS 2262 HARBOR VIEW DR DUNEDIN, FL 34698 CITY-ST-ZIP 100000358910 14705-90133-010 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 on the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

721-215-5699

Daytime Phone #

26/05