


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L03000051065 1. Entity Name NOB HILL RB-GEM, LLC |  |
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|--|--|
| Principal Place of Business 4937 SW 75 AVE MIAMI, FL 33155 | Mailing Address 4937 SW 75 AVE MIAMI, FL 33155 |
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-0468241 | Applied For Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FERNANDEZ-VALLE, MARIA 10570 NW 27TH ST, UNIT 103 MIAMI, FL 33172 |
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RB-GEM MANAGEMENT, LLC 4937 SW 75 AVE MIAMI, FL 33155 |
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UN00000743192
05/15/07-80100-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date: _____ Daytime Phone #: _____