

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-09-2005 90155 031 ***150.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000024733			
1. Entity Name N.O.C.M., LLC			
Principal Place of Business 3006 AVIATION AVE, STE 4B COCONUT GROVE, FL 33133		Mailing Address 3006 AVIATION AVE, STE 4B COCONUT GROVE, FL 33133	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐		Applied For Not Applicable	
4. FEI Number 20-2504118		CR2E083 (10/03)	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REISMAN, JEROME JEROME S. REISMAN PA 3006 AVIATION AVE, STE 4B COCONUT GROVE, FL 33133		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when renouncing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR ☐ Delete NAME 4,3,2,1, INC. STREET ADDRESS 3006 AVIATION AVE, STE 4B CITY-ST-ZIP COCONUT GROVE, FL 33133		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Jerome S. Reisman</i>		Date: 2/2/05 305 838-1856	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	