

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037447

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** NOB HILL HOLDINGS, LLC

**Current Principal Place of Business:**

3502 DERBY LANE  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

3502 DERBY LANE  
WESTON, FL 33331

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
103 NORTH MERIDIAN STREET  
TALLAHASSEE, FL 32301    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      STOCKSDALE, TIMOTHY L  
Address:                      3502 DERBY LANE  
City-St-Zip:                      WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY L. STOCKSDALE                      MGRM                      04/26/2005

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