

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 02, 2007  
Secretary of State**

DOCUMENT# L04000041164

Entity Name: 1075 NOB, LLC

**Current Principal Place of Business:**

625 N. FLAGLER DRIVE  
SUITE 675  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

625 N. FLAGLER DRIVE  
SUITE 675  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 20-1189125      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

POLI, DIANE G  
625 FLAGLER DR  
SUITE 675  
WEST PALM BEACH, FL 33401 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WITTMANN, PAUL  
Address: 625 N. FLAGLER DRIVE, SUITE 675  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGRM ( ) Delete  
Name: CALLAHAN, PETER  
Address: 625 N FLAGLER DR, STE 675  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WITTMANN, PAUL  
Address: 625 N. FLAGLER DRIVE, SUITE 675  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DIANE GIBBS POLI

MS

05/02/2007

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