2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

DOCUMENT # L04000047574 1. Entity Name 1500 NOB, LLC							01-27-2006 90071 047 ****50.00			
Principal Place of Business 222 LAKEVIEW AVENUE SUITE 950 WEST PALM BEACH, FL 33401 US			Mailing Address 222 LAKEVIEW AVENUE SUITE 950 WEST PALM BEACH, FL 33401 US		US					! []
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006	Chg-LLC	CR2E083 (1	1/05)			
City & State			City & State		4. FEI Numb 20-128			-	plied For t Applicable	
Zip	Country		Zip Country		5. Certificate	of Status Desired		DDA 00		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
7,000					Name					
ZISKA, MAURA A 222 LAKEVIEW AVENUE SUITE 950					Street Addres	ss (P.O. Box Numb	er is Not Acceptabl	le)		
WEST PALM BEACH, FL 33401										
					City	y FL Zip Code				
		ty submits this statement for t stered agent.	the purpose of changing its r	registered	d office or regis	stered agent, or bo	th, in the State of Fl	lorida. I am familia	ar with,	and accept
SIGNATURE .	Signature, typer	d or printed name of registered agent an	d title if applicable. (NOTE:	Registered A	Agent signature requ	uired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006										
Fi D	iling Fee ue by Ma	is \$50.00 y 1, 2006						ke check payab a Department o		•
Fi D	iling Fee ue by Ma	is \$50.00 y 1, 2006 MANAGING MEMBER	S/MANAGERS	10.			Florid			9
	iling Fee ue by Ma		S/MANAGERS	10. TITLE			Florid	A Department of		Addition
9. TITLE NAME	MGRM ZISKA, M	MANAGING MEMBER	☐ Delete	TITLE NAME			Florid	A Department of	of State	
9. TITLE NAME STREET ADDRESS	MGRM ZISKA, M 222 LAKE	MANAGING MEMBER IAURA A EVIEW AVENUE, SUITE S	☐ Delete	TITLE NAME STREET	I ADDRESS		Florid	A Department of	of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZISKA, M 222 LAKE	MANAGING MEMBER	Delete	TITLE NAME STREET CITY-S			Florid	/CHANGES	change	Addition
9. TITLE NAME STREET ADDRESS	MGRM ZISKA, M 222 LAKE	MANAGING MEMBER IAURA A EVIEW AVENUE, SUITE 9 ALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET			Florid	/CHANGES	of State	
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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: MONUSTR MAURA A. 215 KA
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-6.06 561-802-8960