

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058868

FILED
Mar 08, 2005
Secretary of State

Entity Name: NOBIS REALTY GROUP, LLC

Current Principal Place of Business:

14100 PALMETTO FRONTAGE ROAD
SUITE 320
MIAMI LAKES, FL 33016

New Principal Place of Business:

14100 PALMETTO FRONTAGE ROAD
SUITE #320
MIAMI LAKES, FL 33016 US

Current Mailing Address:

14100 PALMETTO FRONTAGE ROAD
SUITE 320
MIAMI LAKES, FL 33016

New Mailing Address:

14100 PALMETTO FRONTAGE ROAD
SUITE #320
MIAMI LAKES, FL 33016 US

FEI Number: 35-2249091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTINEZ, ARIEL
7160 FAIRWAY DRIVE
#J-9
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

MARTINEZ, ARIEL MR.
14100 PALMETTO FRONTAGE ROAD
SUITE #320
MIAMI LAKES, FL 33016 US

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: ARIEL MARTINEZ

03/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MARTINEZ, JUANA M
Address: 7160 FAIRWAY DRIVE #J-9
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARTINEZ, JUANA M MRS.
Address: 14100 PALMETTO FRONTAGE ROAD SUITE #320
City-St-Zip: MIAMI LAKES, FL 33016 US

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: JUANA M. MARTINEZ

MGRM

03/08/2005

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