

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000066206

**FILED**  
**Nov 18, 2008**  
**Secretary of State**

**Entity Name:** NOBLE HOUSE NURIVER LLC

**Current Principal Place of Business:**

4000 ISLAND BOULEVARD STE. 504  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

4000 ISLAND BOULEVARD STE. 504  
AVENTURA, FL 33160

**New Mailing Address:**

1505 WEST 23RD STREET  
MIAMI BEACH, FL 33140

**FEI Number:** 43-2061123      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

TAGUE, BRIAN  
C/O TEW CARDENAS, LLP 15TH FLOOR  
1441 BRICKELL AVENUE FOUR SEASON TOWER  
MIAMI, FL 33131 US

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

BENNETT, KEITH CPA  
8181 WEST BROWARD BLVD.  
SUITE 255  
PLANTATION, FL 33324 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: KEITH BENNETT

11/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NOBLE HOUSE LLC,  
Address: 4000 ISLAND BOULEVARD STE. 504  
City-St-Zip: AVENTURA, FL 33160

**ADDITIONS/CHANGES:**

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: NOBLEHOUSE LLC

MGR

11/18/2008

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