


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90015 022 \*\*\*\*50.00

**DOCUMENT # L04000073317**  
 1. Entity Name  
**NOSCOHUE INVESTMENTS, LLC**



Principal Place of Business      Mailing Address  
**185 SE 14 TERRACE**      **185 SE 14 TERRACE**  
**2006**      **2006**  
**MIAMI, FL 33131**      **MIAMI, FL 33131**

**30004428**



2. Principal Place of Business      3. Mailing Address  
**1627 BRICKELL AVE**      **1414 COLLINS AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**1207**      .

04072005    Chg-LLC    CR2E083 (10/03)

City & State      City & State  
**MIAMI FL**      **MIAMI BEACH - FL**

4. FEI Number **20-1722902**      Applied For  
 Not Applicable

Zip      Country      Zip      Country  
**33129**           **33139**      -

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DONOFRIO, JUAN P SR**  
**185 SE 14 TERRACE**  
**2006**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name **DONOFRIO JUAN P**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1627 BRICKELL AVE**  
 City **MIAMI**      FL      Zip Code **33129**

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. I am familiar with, and accept the obligations of registered agent.

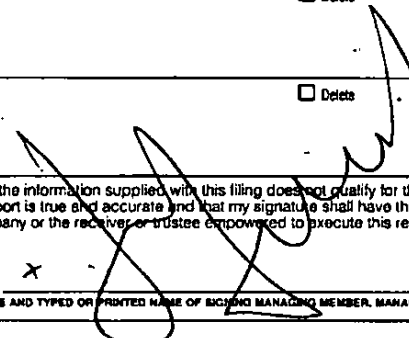
SIGNATURE       DATE **4/6/05**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$30.00**  
**Due by May 4, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONOFRIO, JUAN P SR 185 SE 14 TERRACE, SUITE 2006 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONOFRIO JUAN P 1627 BRICKELL AVE - SUITE # 1207 MIAMI, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:       DATE **4/6/05**      **305-532-0093**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Overlay Form 2