


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90210 012 \*\*\*\*50.00

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



Principal Place of Business  
**1627 BRICKELL AVE**  
**MIAMI, FL 33129**

Mailing Address  
**1414 COLLINS AVE**  
**MIAMI BEACH, FL 33139**

**20060303**



2. Principal Place of Business  
**1414 COLLINS AVE**

3. Mailing Address  
 Suite, Apt. #, etc.

04042006 Chg-LLC CR2E083 (11/05)

City & State  
**MIAMI BEACH, FL**

City & State

Zip **33139** Country

4. FEI Number  
**20-1722902**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**DONOFRIO, JUAN P SR**  
**1627 BRICKELL AVE**  
**1207**  
**MIAMI, FL 33129**

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 **1/7/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

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

9. MANAGING MEMBERS / MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME DONOFRIO, JUAN P SR	
STREET ADDRESS 1627 BRICKELL AVE, STE 1207	
CITY-ST-ZIP MIAMI, FL 33129	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: \_\_\_\_\_ DATE **1/7/06** DAYTIME PHONE # **305-532-0043**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE