


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90028 036 \*\*\*\*50.00

DOCUMENT # L04000080746	
1. Entity Name NOAK ENTERPRISES, LLC	

Principal Place of Business 6151 MIRAMAR PARKWAY SUITE 211 MIRAMAR, FL 33023	Mailing Address 6151 MIRAMAR PARKWAY SUITE 211 MIRAMAR, FL 33023
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2. Principal Place of Business 6322 Pembroke Road Suite, Apt. #, etc.	3. Mailing Address 6322 Pembroke Road Suite, Apt. #, etc.
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City & State Miramar FL	City & State Miramar FL
Zip 33023	Country USA



03022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 71-0973752	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGEE, NORMAN 2911 DEVONWOOD AVE. MIRAMAR, FL 33025	
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 NORMAN MAGEE DATE 3/13/06

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
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAGEE, NORMAN 2911 DEVONWOOD AVE. MIRAMAR, FL 33025 <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

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: NORMAN MAGEE DATE 3/13/06 (954) 374-0900

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