
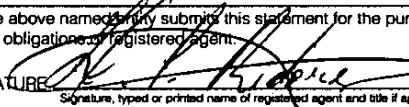



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90034 039 ****50.00

DOCUMENT # L04000088678 1. Entity Name NOPEC, LLC			
Principal Place of Business 15647 85TH WAY NORTH PALM BEACH GARDENS, FL 33418		Mailing Address 15647 85TH WAY NORTH PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business 11900 SE Federal Hwy Suite, Apt. #, etc. Suite 212		3. Mailing Address 11900 SE Federal Hwy Suite, Apt. #, etc. Suite 212	
City & State Hobe Sound, FL Zip 33455 Country USA		City & State Hobe Sound, FL Zip 33455 Country USA	
4. FEI Number 20-1978960		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 SAUERBERG, ERIC M 200 VILLAGE SQUARE CROSSING SUITE 102 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Hayden P. Ridore Street Address (P.O. Box Number is Not Acceptable) 11900 SE Federal Hwy Suite 212 City Hobe Sound FL Zip Code 33455	
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  (NOTE: Registered Agent signature required when reinstating) Hayden P. Ridore DATE 4/17/06			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACKNER, JASON 101 JACARANDA COURT ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ackner, Jason 15647 - 85th Way North Palm Beach Gardens, FL 33418 <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
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: 		Jason T. Ackner Date 4-14-06 Daytime Phone # 772-346-3455	