

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092365

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

**Entity Name:** NOB HILL INVESTMENT PARTNERS, LLC

**Current Principal Place of Business:**

100 SOUTH PINE ISLAND ROAD  
SUITE 202  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

100 SOUTH PINE ISLAND ROAD  
SUITE 202  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 20-2114780      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LETHBRIDGE, BARRY  
100 S. PINE ISLAND RD  
SUITE 202  
PLANTATION, FL 33324 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LETHBRIDGE, BARRY  
Address: 100 SOUTH PINE ISLAND ROAD, SUITE 202  
City-St-Zip: PLANTATION, FL 33324

Title: MGR      ( ) Delete  
Name: BARRY LETHBRIDGE,  
Address: 100 S. PINE ISLAND RD STE #202  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARRY LETHBRIDGE      MGR      02/18/2008

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