

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092365

**FILED**  
**Feb 17, 2011**  
**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  
**Name:** LETHBRIDGE, BARRY  
**Address:** 100 SOUTH PINE ISLAND ROAD, SUITE 202  
**City-St-Zip:** PLANTATION, FL 33324

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

I hereby 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

02/17/2011

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