

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046782

FILED
May 09, 2006
Secretary of State

Entity Name: NODIA, LLC

Current Principal Place of Business:

300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134 US

New Principal Place of Business:

15045 BISCAYNE BLVD
NORTH MIAMI, FL 33181

Current Mailing Address:

300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 98-0485499 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALONSO, DOMINGO
300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AG CORPORATE SERVICES, LLC
300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134 US

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: DOMINGO ALONSO

05/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHNELL, NOELIE
Address: 1ERA. CALLE NORTE QUINTA ELESE
City-St-Zip: URB. LOS GUAYABITOS, CA CARACAS VE

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHNELL, NOELIE
Address: 1ERA. CALLE NORTE QUINTA ELESE
City-St-Zip: URB. LOS GUAYABITOS, CA CARACAS VE

I hereby certify that the information supplied with this filing does not qualify for the 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: NOELIE SCHNELL

MGR

05/09/2006

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