


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # L05000095170 1. Entity Name NOGA, LLC	
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Principal Place of Business 169 EAST FLAGLER STREET SUITE 1600 MIAMI, FL 33131	Mailing Address 169 EAST FLAGLER STREET SUITE 1600 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04232008No Chg-LLC CR2E083 (12/07)

4. FEI Number 10-3599941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ELLIOTT
111 SW 3RD STREET 6TH FLOOR
MIAMI, FL 33130

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000927131
05/20/08-80095-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDENFELD, HELENE 5292 SW 80TH ST MIAMI, FL 33143
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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: Helene Lindenfeld _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____