

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103043

Entity Name: NOONEY INVESTMENTS, LLC

FILED  
Mar 07, 2006  
Secretary of State

**Current Principal Place of Business:**

18671 COLLINS AVE., SUITE 1502  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18671 COLLINS AVE., SUITE 1502  
SUNNY ISLES, FL 33160

**New Mailing Address:**

FEI Number: 33-1127909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

NOONEY, JAMES F MR  
18671 COLLINS AVE.  
1502  
SUNNY ISLES, FL 33160 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: JAMES NOONEY

03/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NOONEY, JAMES  
Address: 18671 COLLINS AVE., SUITE 1502  
City-St-Zip: SUNNY ISLES, FL 33160

Title: ST ( ) Delete  
Name: NOONEY, JAMES  
Address: 18671 COLLINS AVE., SUITE 1502  
City-St-Zip: SUNNY ISLES, FL 33160

**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 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: JAMES NOONEY

MGR

03/07/2006

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