# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 03, 2007**
**Secretary of State**

DOCUMENT# L05000116846

**Entity Name:** ROB NOOJIN L.L.C.

**Current Principal Place of Business:**

1140 ARLANIE RD.
BROOKSVILLE, FL 34604

**New Principal Place of Business:**

18285 TOWNSEND HOUSE ROAD
DADE CITY, FL 33523

**Current Mailing Address:**

1140 ARLANIE RD.
BROOKSVILLE, FL 34604

**New Mailing Address:**

18285 TOWNSEND HOUSE ROAD
DADE CITY, FL 33523

**FEI Number: 26-0130941** **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:**

NOOJIN, ROBERT L JR
1140 ARLANIE RD.
BROOKSVILLE, FL 34604 US

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

NOOJIN, ROBERT L JR
18285 TOWNSEND HOUSE ROAD
DADE CITY, FL 33523 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: ROB NOOJIN 05/03/2007
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: NOOGIN, ROBERT L JR
Address: 1140 ARLAINE RD
City-St-Zip: BROOKSVILLE, FL 34604

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: NOOGIN, ROBERT L JR
Address: 18285 TOWNSEND HOUSE ROAD
City-St-Zip: DADE CITY, FL 33523

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: ROB NOOJIN PRES 05/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date