2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-16-2006 90033 036 ****50.00 L05000117408

DOCUMENT # L050	00117408	FILED			
1. Entity Name CONGRESS AVENUE PAR	111	06 JUL 18 PM 12: 56			
Noble Medica	21 Consulting Grap	SECILLIAN TALLAHASSIC VOLCHO			
Principal Place of Business	Mailing Address	 ALLAHASSIGUUTATA			
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Noble Medical Consulting Grap				SECILLIANI ALLAHASSE							
Principal Place of Business Mailing Address				T,	ALLAHASSI	k faus	AFE				
6501 CONGRESS AVENUE		6501 CONGRESS AVENUE				ca niffill	400				
SUITE 100	SUITE 100										
BOCA RATON, FL 33487 US BOCA RATON, FL 33487 US		us						MAMA			
2. Principal Place of Business		3. Mailing Address		į leades a							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072008	Chg-LLC	CR2E0	33 (11/05)				
City & State City & State					4. FEI Numb	5201010	1		oplied For at Applicable		
Zip	Country	Zip	Country	Country		of Status Desired	1)	\$5.00 Add			
	6. Name and Address of Current R	nd Address of Current Registered Agent			7. Name and Address of New Registered Agent						
PRONK, NICO				Name							
6501 CON	GRESS AVENUE		Stre	Street Address (P.O. Box Number is Not Acceptable)							
SUITE 100 BOCA RA	TON, FL FL										
	٠,		City	·			FL	Zip Cod	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 .	• •										
	Signature, typed or printed name of registered agent or	nd tille if applicable. (NOTE: Re	gistered Agent e	preture required	when reinstating)		DATE				
Filing Fee is \$50.00 Due by May 1, 2006						e check pa Departme		b			
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES				
TITLE	MGRM	C) Delete	TITLE					Change	Addition		
NAME	PRONK, NICO		NAME								
STREET ADDRESS CITY-ST-ZIP	6501 CONGRESS AVE. BOCA RATON, FL 33487		STREET ADORS	22							
TITLE	MGRM	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition		
NAME	HORNE, WAYNE	- Com	NAME					- Cirette			
STREET ADDRESS	6501 CONGRESS AVE.		STREET ADORE	SS							
CATY-\$1-ZIP	BOCA RATON, FL 33487		CITY-SI-ZIP								
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CITY-ST-ZIP			CITY-ST-ZIP								
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRI	»							
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MATE			NAME					•			
STREET ADDRESS		•	STREET ADORE	22							
CITY-ST-ZIP			CI11-31-20								

11. I hereby certify that the Information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

3/2/06 Date

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