

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062195

Entity Name: NOLCHA, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

350 FIFTH AVE, 59 FLOOR
NEW YORK, NY 10118 US

New Principal Place of Business:

Current Mailing Address:

350 FIFTH AVE, 59 FLOOR
NEW YORK, NY 10118 US

New Mailing Address:

FEI Number: 83-0461271 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:

SAKAOGLU, ERHAN
2701 WEST OAKLAND PARK BLVD., SUITE 405
OAKLAND PARK, FL 33311 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BANNIGAN, KERRY
Address: 251 FIFTH AVE, 3RD FL
City-St-Zip: NEW YORK, NY 10016 US

Title: MGR () Delete
Name: MANDEL, ARTHUR
Address: 251 FIFTH AVE, 3RD FL
City-St-Zip: NEW YORK, NY 10016 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BANNIGAN, KERRY
Address: 350 FIFTH AVE, 59 FLOOR
City-St-Zip: NEW YORK, NY 10118 US

Title: MGR (X) Change () Addition
Name: MANDEL, ARTHUR
Address: 350 FIFTH AVE, 59 FLOOR
City-St-Zip: NEW YORK, NY 10118 US

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: ARTHUR MANDEL

MGR

05/01/2008

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