## **2008 LIMITED LIABILITY COMPANY**

## **FILED** Apr 28, 2008 8:00 am Secretary of State

ANNUAL REPORT	_
DOCUMENT #1.06000092225	

04-28-2008 90032 042 \*\*\*138.75 1. Entity Name NOBLE GROUP LLC Mailing Address Principal Place of Business 60029533 18001 OLD CUTLER ROAD, STE. 476 18001 OLD CUTLER ROAD, STE. 476 MIAMI, FL 33157 MIAMI, FL 33157 2. Principal Place of Business - No P.O. Box # Mailing Address 168 24 8955 SW Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 Chg-LLC CR2E083 (12/06) 4. FEI Number City & State Applied For 11ami 20-5561900 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent exander PRENDES, ALEXANDER N Street Address (P.O. Box Number is Not Acceptable) 18001 OLD CUTLER ROAD, STE. 476 MIAMI, FL 33157 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 agents ALEXANDER N. PRENDES SIGNATURE Signature typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE Change ☐ Delete ☐ Addition PRENDES, ALEXANDER N NAME NAME STREET ADDRESS 18001 OLD CUTLER ROAD, STE, 476 18955 SW 168 S7 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP Miami, FL 33187 TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Thereby 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE