2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 28, 2005 8:00 am
Secretary of State
03-07-2005 90055 026 ****35.00
03-28-2005 90285 044 ****15.00

DOCUMENT # L99000001648

1. Entity Name
NOBLE MERCHANT BANKING, LLC

Principal Place of Business	Mailing Address
6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487	6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487

20024957

02242005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0860585
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PRONK, NICO P
6501 CONGRESS AVENUE
SUITE 100
BOCA RATON, FL 33487

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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 _____ Nico Pronk 3/1/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PRONK, NICO P
STREET ADDRESS	6501 CONGRESS AVENUE STE 100
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGR
NAME	HORNE, WAYNE R
STREET ADDRESS	6501 CONGRESS AVENUE STE 100
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGR
NAME	LICHTENBERG, BEN
STREET ADDRESS	6501 CONGRESS AVENUE STE 100
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	MGR
NAME	MOQUIST, ERIK
STREET ADDRESS	6501 CONGRESS AVENUE STE 100
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Nico Pronk 3/1/05 561-999-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #