2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

01202006 No Chg-LLC CR2E083 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000001146252
03/21/06-80039-001 150.00

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 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: _____ 3/6/06 561 994-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #