

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000001648 1. Entity Name NOBLE MERCHANT BANKING, LLC	
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Principal Place of Business 6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487	Mailing Address 6501 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE



03192007 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**

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

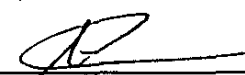
**Filing Fee is \$50.00
Due by May 1, 2007**

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

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04/23/07-80026-020 50.00

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:  **4/11/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #