

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000001648

1. Entity Name
NOBLE MERCHANT BANKING, LLC



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

Mailing Address
**6501 CONGRESS AVENUE
SUITE 100
BOCA RATON, FL 33487**



01302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0860585	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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	

**DO NOT WRITE
IN THIS SPACE**

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05/19/08-800008-025-138.75

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:

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

4/21/08

Date

(561) 994-1191

Daytime Phone #