

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003211

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: NOBLE HOUSE DEVELOPMENT, LLC

**Current Principal Place of Business:**

10900 NE FOURTH STREET, SUITE 1000  
BELLEVUE, WA 98004

**New Principal Place of Business:**

600 6TH STREET SOUTH  
KIRKLAND, WA 98033

**Current Mailing Address:**

10900 NE FOURTH STREET, SUITE 1000  
BELLEVUE, WA 98004

**New Mailing Address:**

600 6TH STREET SOUTH  
KIRKLAND, WA 98033

FEI Number: 82-0469720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WESTGROUP PARTNER, INC.  
Address: 10900 NE FOURTH STREET, SUITE 1000  
City-St-Zip: BELLEVUE, WA 98004

Title: MGRM ( ) Delete  
Name: NOBLE HOUSE ASSOCIATES, LLC  
Address: 10900 NE FOURTH STREET, SUITE 1000  
City-St-Zip: BELLEVUE, WA 98004

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WESTGROUP PARTNER, INC.  
Address: 600 6TH STREET SOUTH  
City-St-Zip: KIRKLAND, WA 98033

Title: MGRM (X) Change ( ) Addition  
Name: NOBLE HOUSE ASSOCIATES, LLC  
Address: 600 6TH STREET SOUTH  
City-St-Zip: KIRKLAND, WA 98033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: M. P. DYER

VP

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date