


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 APR 15 AM 11:53

DOCUMENT # A06000001150		
1. Entity Name TL NOBLE LIMITED PARTNERSHIP		

Principal Place of Business 13451 MCGREGOR BOULEVARD, SUITE 27 FORT MYERS, FL 33919	Mailing Address 13451 MCGREGOR BOULEVARD, SUITE 27 FORT MYERS, FL 33919
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01082008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR 65-0036397	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TAYLOR, ROBERT M 13451 MCGREGOR BOULEVARD, SUITE 27 FORT MYERS, FL 33919		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	TAYLOR, ROBERT M 13451 MCGREGOR BOULEVARD, SUITE 27 FORT MYERS, FL 33919	STREET ADDRESS	800123501488 04/15/08--01010--008 **500.00
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	TAYLOR, LINDA K 13451 MCGREGOR BOULEVARD, SUITE 27 FORT MYERS, FL 33919	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

BLT

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	4/8/08 <small>Date</small>	239 481 2011 57190 <small>Daytime Phone #</small>
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