

**2001 UNIFORM BUSINESS REPORT (UBR)**

0010226 AF

**DOCUMENT # B99000000164**

1. Entity Name

**NOBLE INVESTMENT PARTNERS LP**

Principal Place of Business  
2900 COVE CAY DRIVE, APT 3G  
CLEARWATER FL 33760

Mailing Address  
2900 COVE CAY DRIVE, APT 3G  
CLEARWATER FL 33760

**FILED**  
01 JAN 17 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3411054**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name **EDGAR H. WILLIAMS**

Street Address (P.O. Box Number is Not Acceptable)  
**2900 Cove Cay Drive**

**Apt. 3G**

City **Clearwater**

FL

Zip Code **33760**

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.

SIGNATURE *Edgar H. Williams* **Edgar H. Williams** **Principal of General Partner**

**1/11/01**

9. Capital Contributions as Shown on record.

**\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

**0.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **F97000000609**  
NAME **LEGACY CAPITAL GROUP INC**  
STREET ADDRESS **2900 COVE CAY DRIVE, APT 3G**  
CITY-ST-ZIP **CLEARWATER FL 33760**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edgar H. Williams* **Edgar H. Williams, President**  
**Legacy Capital Group Inc. GP** **1/11/01** **727-533-8066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)