

2002 UNIFORM BUSINESS REPORT (UBR)

U1943 A1

DOCUMENT # B99000000164

1. Entity Name
NOBLE INVESTMENT PARTNERS LP

FILED

02 JAN 16 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

City & State: _____

Zip: _____ Country: _____

Zip: _____ Country: _____

DUE BY MAY 1, 2002

4. FEI Number: **59-3411054**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EDGAR H. WILLIAMS
2900 COVE CAY DRIVE
APARTMENT #3G
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

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.

SIGNATURE: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable.

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

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

13. ADDRESS CHANGES ONLY

| | |
|----------------|------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 400004730504--3 |
| CITY-ST-ZIP | -01/23/02--01021--013 |
| | ***141.25 ***141.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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, President
Edgar H. Williams, President
Legacy Capital Group Inc., GP 1/14/02 727-533-8066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

11.3) BUSINESS