

**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**


FILED

04 JAN 26 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # B9900000164**

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01192004 Chg-LP CR2E003 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
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**

**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 #	F9700000609	STREET ADDRESS	
NAME	LEGACY CAPITAL GROUP INC	CITY-ST-ZIP	
STREET ADDRESS	2900 COVE CAY DRIVE, APT 3G		
CITY-ST-ZIP	CLEARWATER, FL 33760		
DOCUMENT #		STREET ADDRESS	100027623091
NAME		CITY-ST-ZIP	01/25/04-01095-010 **141.25
STREET ADDRESS			
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NAME		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 Williams 1-19-04 727-533-8066

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

STAPLE CHECK HERE