


*** 2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Feb 15, 2006 08:00 AM
Secretary of State**

DOCUMENT # B99000000164 1. Entity Name NOBLE INVESTMENT PARTNERS LP	
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Principal Place of Business 2900 COVE CAY DRIVE, APT 3G CLEARWATER, FL 33760	Mailing Address 2900 COVE CAY DRIVE, APT 3G CLEARWATER, FL 33760
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02112006 No Chg-LP	CR2E003 (11/05)
4. FEI Number 59-3411054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent EDGAR H. WILLIAMS 2900 COVE CAY DRIVE APARTMENT #3G CLEARWATER, FL 33760
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DO NOT WRITE IN THIS SPACE

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 file if applicable.</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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	
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	
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NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000434824
02/25/06-80017-015 500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: <u>Edgar H Williams, President</u>	Date: <u>2-11-06</u>	Daytime Phone #: <u>727-533-8066</u>
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