

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000009450

FILED  
Apr 03, 2002 8:00 AM  
Secretary of State

Entity Name: NOBLE GROVE, L.L.C.

## Current Principal Place of Business:

5301 BLUE LAGOON DRIVE SUITE 190  
MIAMI, FL 33126

## New Principal Place of Business:

10770 NW 66TH ST  
SUITE 210  
MIAMI, FL 33178

## Current Mailing Address:

5301 BLUE LAGOON DRIVE SUITE 190  
MIAMI, FL 33126

## New Mailing Address:

10770 NW 66TH ST  
SUITE 210  
MIAMI, FL 33178

FEI Number: 01-0569843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MICHELSEN, KEVIN  
5301 BLUE LAGOON DRIVE SUITE 190  
MIAMI, FL 33126

## Name and Address of New Registered Agent:

MICHELSEN, KEVIN  
10770 NW 66TH ST  
SUITE 210  
MIAMI, FL 33178

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:

04/03/2002

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: MICHELSEN, KEVIN J  
Address: 10770 NW 66TH ST. SUITE 210  
City-St-Zip: MIAMI, FL 33178

Title: MGRM ( ) Change (X) Addition  
Name: FARIA, CARLOS A  
Address: 10720 NW 66TH ST. SUITE 113  
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARLOS A. FARIA

MGRM

04/03/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date