

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000018399**

1. Entity Name  
**NOBLIN PARTNERS, L.L.C.**



Principal Place of Business

**1809 MICCOSUKEE COMMONS DR., UNIT 112  
TALLAHASSEE, FL 32308**

Mailing Address

**1809 MICCOSUKEE COMMONS DR., UNIT 112  
TALLAHASSEE, FL 32308**



04072004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3751595**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NOBLIN, MILLARD J  
1809 MICCOSUKEE COMMONS DR., UNIT 112  
TALLAHASSEE, FL 32308**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**MGRM  
NOBLIN, MILLARD J  
1809 MICCOSUKEE COMMONS DR., UNIT 112  
TALLAHASSEE, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

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U00000107685  
04/09/04-00025-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**MILLARD J. NOBLIN**

**4/7/04**

Date

Daytime Phone #

**850-878-5841**