

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020615

FILED
Mar 23, 2005
Secretary of State

Entity Name: NOBLES' LABELLE GROVE, L.L.C.

Current Principal Place of Business:

450 SOUTH MAIN STREET
SUITE 2
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 2310
LABELLE, FL 33975 US

New Mailing Address:

FEI Number: 37-1444070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBLES, LEWIS J JR.
450 SOUTH MAIN STREET, SUITE 2
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: NOBLES, LEWIS J JR.
Address: 450 SOUTH MAIN STREET
City-St-Zip: LABELLE, FL 33935

Title: MGR () Delete
Name: NOBLES, LEWIS J III
Address: 450 SOUTH MAIN STREET, SUITE 2
City-St-Zip: LABELLE, FL 33935 US

Title: MGR () Delete
Name: MURRAH, G D
Address: 450 SOUTH MAIN STREET, SUITE 2
City-St-Zip: LABELLE, FL 33935 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LEWIS J. NOBLES, JR.

MGRM

03/23/2005

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