

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034589

**FILED**  
**Mar 09, 2004**  
**Secretary of State**

**Entity Name:** NOBLETT & ASSOCIATES, LLC

**Current Principal Place of Business:**

214 S.E. 13TH STREET  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

214 S.E. 13TH STREET  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 01-0758949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOBLETT, PAUL W JR.  
214 S.E. 13TH STREET  
FT. LAUDERDALE, FL 33316

**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: MGR ( ) Delete  
Name: NOBLETT, PAUL W JR  
Address: 441 LIDO DR  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR ( ) Delete  
Name: NOBLETT, STEPHANIE S  
Address: 441 LIDO DR  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

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: PAUL W. NOBLETT

MGR

03/09/2004

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