

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034589

**FILED**  
**Apr 05, 2006**  
**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 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/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NOBLETT, PAUL W JR  
Address: 214 SE 13TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316

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 Chapter 119, 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

MGRM

04/05/2006

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