

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048243

FILED
Mar 30, 2004
Secretary of State

Entity Name: NOBLE HOUSE PROPERTIES, LLC

Current Principal Place of Business:

4725 GULF OF MEXICO DR.
311
LONGBOAT KEY, FL 34228

New Principal Place of Business:

14027 NIGHTHAWK TERRACE
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

4725 GULF OF MEXICO DR.
311
LONGBOAT KEY, FL 34228

New Mailing Address:

14207 NIGHTHAWK TERRACE
LAKEWOOD RANCH, FL 34202

FEI Number: 20-0429408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FILCOFF, DEREK L
4725 GULF OF MEXICO DR.
311
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

FILCOFF, DEREK L
1932 HARBOURSIDE DR.
256
LONGBOAT KEY, FL 34228 US

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: DEREK FILCOFF

03/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FILCOFF, DEREK L
Address: 4725 GULF OF MEXICO DR., #311
City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: MGRM (X) Delete
Name: VERVILLE, MICHAEL J
Address: 2107 CLARK AVE.
City-St-Zip: BRADENTON, FL 34207

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: DEREK FILCOFF

MGR

03/30/2004

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