

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000058948

1. Entity Name
 NOBLE TITLE & TRUST, LLC



Principal Place of Business
 5020 TAMiami TRAIL NORTH
 SUITE 200
 NAPLES, FL 34103 US

Mailing Address
 4501 TAMiami TRAIL NORTH, #300
 NAPLES, FL 34103 US



02222006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1807978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, KEVIN G ESQ
 4001 TAMiami TRAIL N
 #300
 NAPLES, FL 34103

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOCK DEVELOPMENT, LLC 4501 TAMiami TRAIL NORTH, #300 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT EVANS, RHONDA 5020 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLACK, BRAD 4501 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 3/7/06 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE