

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90031 008 ****50.00

DOCUMENT # L05000071410 1. Entity Name NOBLE ART, LLC	
---	---

Principal Place of Business 2195 EAGLE TRACE CUMMING, GA 30040	Mailing Address 2195 EAGLE TRACE CUMMING, GA 30040
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3356584	Applied For
	Not Applicable



6. Name and Address of Current Registered Agent BOSTIC, ROBERT S 757 S.E. 17TH STREET, #826 FT. LAUDERDALE, FL 33316-3960	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / CEO Paul Noble 2195 Eagle Trace Cumming, GA 30040	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Paul Noble 4/13/06 7702899732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #