


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000100509		
1. Entity Name NOBLESOFT LLC		

Principal Place of Business 327 OFFICE PLAZA DR, #216 TALLAHASSEE, FL 32301	Mailing Address 327 OFFICE PLAZA DR, #216 TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box # 1522 PLEASANT CT	3. Mailing Address 1522 PLEASANT CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TALLAHASSEE	City & State TALLAHASSEE
Zip 32303	Country USA

FILED
08 JAN 24 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number 27-0131459	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 KANAPURAM, RAGHAVENDRA 220 NABB LOOP TALLAHASSEE, FL 32317	
7. Name and Address of New Registered Agent Name: GIRIDHAR KANAPURAM Street Address (P.O. Box Number is Not Acceptable): 1522 PLEASANT CT City: TALLAHASSEE FL Zip Code: 32303	

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: *K. Giridhar* DATE: 01/24/2008

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANAPURAM, RAGHAVENDRA 220 NABB LOOP TALLAHASSEE, FL 32317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANAPURAM, GAYATHRI 220 NABB LOOP TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	KANAPURAM, GIRIDHAR 1522 PLEASANT CT TALLAHASSEE, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	KANAPURAM, GAYATHRI 1522 PLEASANT CT TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600116017096 01/24/08--01024--025 **138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *K. Giridhar* DATE: 01/24/2008 DAYTIME PHONE: (850) 339 4795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE