

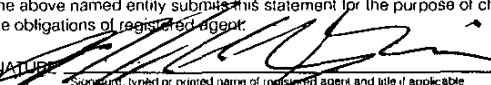
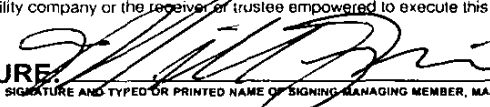


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90091 002 ****50.00

DOCUMENT # L05000123240					
1. Entity Name NOBLIN FAMILY PROPERTIES, LLC					
Principal Place of Business 2508 HARRIMAN CIRCLE TALLAHASSEE, FL 32308			Mailing Address 2508 HARRIMAN CIRCLE TALLAHASSEE, FL 32308		
2. Principal Place of Business 1809 Miccosukee Commons Dr, Suite, Apt. #, etc. #112		3. Mailing Address P.O. Box 14019 Suite, Apt. #, etc.			
City & State Tallahassee, Fl		City & State Tallahassee, FL		4. FEI Number 20-4534923	
Zip 32308		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NOBLIN, MILLARD J 2508 HARRIMAN CIRCLE TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name _____ (address change only) Street Address (P.O. Box Number is Not Acceptable) 2514 Harriman Circle City _____ Tallahassee FL Zip Code 32308		
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  (Millard J. Noblin) July 12, 2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete NOBLIN, MILLARD J 2508 HARRIMAN CIRCLE TALLAHASSEE, FL 32308				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete NOBLIN, BARBARA P 2508 HARRIMAN CIRCLE TALLAHASSEE, FL 32308				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2514 Harriman Circle (address change only) Tallahassee, Fl 32308				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2514 Harriman Circle (address change only) Tallahassee, Fl 32308				
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"/> Change <input type="checkbox"/> Addition				
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  (Millard J. Noblin) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date 7/12/2006 (850) 1877-5841					