

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123240

FILED
Feb 16, 2009
Secretary of State

Entity Name: NOBLIN FAMILY PROPERTIES, LLC

Current Principal Place of Business:

1809 MICCOSUKEE COMMONS DR
#112
TALLAHASSEE, FL 32308

New Principal Place of Business:

1809 MICCOSUKEE COMMONS DR, #112
TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 14019
TALLAHASSEE, FL 32317

New Mailing Address:

PO BOX 14019
TALLAHASSEE, FL 323174019

FEI Number: 20-4534923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBLIN, MILLARD J
2514 HARRIMAN CIRCLE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOBLIN, MILLARD J
Address: 2514 HARRIMAN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM (X) Delete
Name: NOBLIN, BARBARA P
Address: 2514 HARRIMAN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

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 exemption stated in Chapter 119, 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: MILLARD J. NOBLIN

MGRM

02/16/2009

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