## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000084659

Title:

Name:

Address:

City-St-Zip:

( ) Delete

21218 SAINT ANDREWS BLVD., SUITE 229

HARVILL, DAN III

BOCA RATON, FL 33433

Entity Name: NOBLE INTERNATIONAL LLC

FILED Jan 16, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 21218 SAINT ANDREWS BLVD., SUITE 229 BOCA RATON, FL 33433 **Current Mailing Address: New Mailing Address:** 21218 SAINT ANDREWS BLVD., SUITE 229 BOCA RATON, FL 33433 FEI Number: 22-3942281 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. HARVILL, DAN O MGR 1840 SW 22ND ST. 21218 SAINT ANDREWS BLVD., SUITE 229 4TH FLOOR BOCA RATON, FL FL US MIAMI, FL 33145 US 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: DAN HARVILL 01/16/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete HARVILL, DAN III Name: Name: 21218 SAINT ANDREWS BLVD., SUITE 229 Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: MGR () Delete Title: () Change () Addition HARVILL, PETAL Name: Name: Address: 21218 SAINT ANDREWS BLVD., SUITE 229 Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: () Delete Title: () Change () Addition HARVILL, PETAL Name: Name: 21218 SAINT ANDREWS BLVD., SUITE 229 Address: Address: City-St-Zip: BOCA RATON, FL 33433 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: DAN HARVILL MGR 01/16/2008