2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

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Entity Name: NOBLE INVESTMENTS, LLC

Current Principal Place of Business:

2901 W BUSCH BLVD.
TAMPA, FL 33618

New Principal Place of Business:

2901 W BUSCH BLVD.
SUITE 1005
TAMPA, FL 33618

Current Mailing Address:

PO BOX 272140
TAMPA, FL 33688

New Mailing Address:

FEI Number: 11-3789980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHN C. WENRICK, CPA
1976 ALT. 19S
TARPON SPRINGS, FL 34689 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: NOBLE, RICHARD A
Address: 4611 LANDSCAPE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: MGRM ( ) Delete
Name: NOBLE, TRAVIS
Address: 4611 LANDSCAPE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: MGRM ( ) Delete
Name: NOBLE, SHANTELL
Address: 21034 GREENAWIND PLACE COURT
City-St-Zip: LAND O LAKES, FL 34637

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MCLEAN, SHANTELL
Address: 21034 GREEN WING COURT
City-St-Zip: LAND O LAKES, FL 34637

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANTELL MCLEAN MGRM 01/05/2007

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