

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109859

FILED  
Mar 31, 2008  
Secretary of State

**Entity Name:** NOBLE HOUSE SANTA ROSA BEACH, LLC

**Current Principal Place of Business:**

225 108TH AVENUE NE, STE. 300  
BELLEVUE, WA 98004

**New Principal Place of Business:**

10900 NE FOURTH STREET, SUITE 1000  
BELLEVUE, WA 98004

**Current Mailing Address:**

225 108TH AVENUE NE, STE. 300  
BELLEVUE, WA 98004

**New Mailing Address:**

10900 NE FOURTH STREET, SUITE 1000  
BELLEVUE, WA 98004

**FEI Number:** 75-3258413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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 HOUSE HOTELS &, RESORTS  
Address: 225 108TH AVENUE NE, STE. 300  
City-St-Zip: BELLEVUE, WA 98004

Title: MGRM ( ) Delete  
Name: WESTGROUP PARTNER, I, NC.  
Address: 225 108TH AVENUE NE, STE. 300  
City-St-Zip: BELLEVUE, WA 98004

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WESTGROUP PARTNER, I, NC.  
Address: 10900 NE FOURTH STREET, SUITE 1000  
City-St-Zip: BELLEVUE, WA 98004

Title: MGRM (X) Change ( ) Addition  
Name: NOBLE HOUSE HOTELS &, RESORTS, LTD.  
Address: 10900 NE FOURTH STREET, SUITE 1000  
City-St-Zip: BELLEVUE, WA 98004

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: M.P. DYER

V.P.

03/31/2008

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