


2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 30, 2004 8:00 am Secretary of State

08-30-2004 90011 044 ***150.00

DOCUMENT # L76912

1. Entity Name
NOB HILL SAWGRASS CORP.



Principal Place of Business
**3900 GALT OCEAN DR.
SUITE 1701
FORT LAUDERDALE, FL 33308 US**

Mailing Address
**3900 GALT OCEAN DR.
SUITE 1701
FORT LAUDERDALE, FL 33308 US**

2. Principal Place of Business
7395 PIONEER RD

3. Mailing Address
7395 PIONEER RD

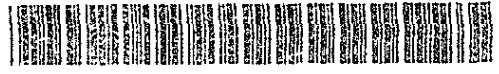
State, Act #, etc
33413 US

City & State
W. PALM BEACH

City & State
W. PALM BEACH

City & State
33413 US

24002001



05052004 Chg-P CR2E034 (10/03)

5. Certificate Number Entered **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MOEBIUS, HERBERT
3900 GALT OCEAN DR
SUITE 1701
FORT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent
Name **MOEBIUS, HERBERT EUGEN**
Street Address **7395 PIONEER RD**
City **W. PALM BEACH FL 33413**

8. The undersigned do hereby certify that the statement of the director of standing as required officer or registered agent is true in the State of Florida, and I am duly qualified to act as such agent.

Herbert E. Moebius
Signature

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election to waive on Third and Final Filing of a fee of **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. POSITIONS SUBJECT TO OFFICERS AND DIRECTORS ELECTION	
TITLE	S	TITLE	<input type="checkbox"/> Director <input type="checkbox"/> Officer
NAME	MCCORD, ELIZABETH	NAME	
STREET ADDRESS	1612 ARROW WOOD RD. KNOXVILLE, TN	STREET ADDRESS	
CITY & STATE		CITY & STATE	
TITLE	PT	TITLE	<input type="checkbox"/> Director <input type="checkbox"/> Officer
NAME	MOEBIUS, HERBERT	NAME	MOEBIUS, HERBERT
STREET ADDRESS	3900 GALT OCEAN DR. APT. 1701 FORT LAUDERDALE, FL 33308	STREET ADDRESS	7395 PIONEER RD W. PALM BEACH - FL. 33413
CITY & STATE		CITY & STATE	
TITLE		TITLE	<input type="checkbox"/> Director <input type="checkbox"/> Officer
NAME		NAME	T
STREET ADDRESS		STREET ADDRESS	MOEBIUS, HERBERT EUGEN 7395 PIONEER RD W. PALM BEACH - FL. 33413
CITY & STATE		CITY & STATE	
TITLE		TITLE	<input type="checkbox"/> Director <input type="checkbox"/> Officer
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
TITLE		TITLE	<input type="checkbox"/> Director <input type="checkbox"/> Officer
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

12. I hereby certify that the information furnished in this report is true and correct and that the information is true and correct in the State of Florida. I have the same legal effect as if signed by the officer or director of the corporation. The officer or director who signed this report is required by Chapter 607, Florida Statutes, to file a true and correct copy of this report with the Department of Banking and Finance.

SIGNATURE: *Herbert Moebius* **HERBERT MOEBIUS - PRESIDENT**

SIGNATURE MUST BE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR