

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90171 018 ***558.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L76912



1. Entity Name
 NOB HILL SAWGRASS CORP.

Principal Place of Business
 3900 GALT OCEAN DR.
 SUITE 1701
 FORT LAUDERDALE FL 33308
 IIS

Mailing Address
 3900 GALT OCEAN DR.
 SUITE 1701
 FORT LAUDERDALE FL 33308
 IIS

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0193422

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

CHECK HERE IF MAKING CHANGES

C. Name and Address of Current Registered Agent

T. Name and Address of New Registered Agent

MOEBIUS, HERBERT
 3900 GALT OCEAN DR
 SUITE 1701
 FORT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature must be printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution



\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	MCCORD, ELIZABETH	
STREET ADDRESS	1612 ARROW WOOD RD.	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MOEBIUS, HERBERT	
STREET ADDRESS	3900 GALT OCEAN DR. APT. 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Herbert Moebius* HERBERT MOEBIUS

SIGNATURE AND EMPLOYER PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

JULY 30, 2003 - EXT. 297

Date

Daytime Phone #

CR2E034 (10/02)

423-588-9716