


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000007348 1. Entity Name NOBLE ENTERTAINMENT LLC	
--	---

FILED

07 JAN 24 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O RITZ CARLTON 455 GRAND BAY AVENUE, SUITE #681 KEY BISCAYNE, FL 33149 US	Mailing Address C/O RITZ CARLTON 455 GRAND BAY AVENUE, SUITE #681 KEY BISCAYNE, FL 33149 US
---	---



DO NOT WRITE IN THIS SPACE

01222007No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1111349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TERMINELLO, LOUIS J
TERMINELLO & TERMINELLO, P.A.
2700 SW 37TH AVENUE
MIAMI, FL 33133**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000086796980
01/31/07--01012--011 **\$50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	NOBLE, NOHEMY
STREET ADDRESS	455 GRAND BAY AVE., SUITE #681
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **LOUIS J. TERMINELLO, authorized representative 1/24/07** 305-444-5002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #