


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90042 018 ****50.00

DOCUMENT # **L99000007348**

1. Entity Name
NOBLE ENTERTAINMENT LLC



Principal Place of Business Mailing Address

~~601 BRICKELL KEY DRIVE, SUITE 802~~ 2700 SW 37TH AVENUE
~~MIAMI FL 33131~~ MIAMI FL 33133

2. Principal Place of Business 3. Mailing Address

C/O RITZ CARLTON Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 681 - 455 GRAND BAY AVENUE City & State

City & State City & State

KEY BISCAIYNE, FL City & State

Zip Country Zip Country

33149 **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For

65-1111349 Not Applicable

5. Certificate of Status Desired \$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

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOBLE, ROBERTO P <input type="checkbox"/> Delete 601 BRICKELL KEY DRIVE, SUITE 802 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	455 GRAND BAY AVENUE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C/O RITZ-CARLTON - Suite 681 KEY BISCAIYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete NOBLE, NOHEMY 601 BRICKELL KEY DRIVE, SUITE 802 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	455 GRAND BAY AVENUE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C/O RITZ-CARLTON - SUITE 681 KEY BISCAIYNE, FL 33149
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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: *[Signature]* 1/21/03 305 444-5002

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

CR2E083 (10/02)