


**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOBLE, ROBERTO P</b>	NAME	<b>455 GRAND BAY AVE.</b>
STREET ADDRESS	<del>601 BRICKELL KEY DRIVE, SUITE 802</del>	STREET ADDRESS	<b>c/o RITZ-CARLTON - Suite 681</b>
CITY-ST-ZIP	<del>MIAMI FL 33131</del>	CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 33149</b>
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOBLE, NOHEMY</b>	NAME	<b>455 GRAND BAY AVENUE</b>
STREET ADDRESS	<del>601 BRICKELL KEY DRIVE, SUITE 802</del>	STREET ADDRESS	<b>c/o RITZ-CARLTON - SUITE 681</b>
CITY-ST-ZIP	<del>MIAMI FL 33131</del>	CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 33149</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Robert P. Noble*      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)