2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# M02000003252

Entity Name: NBLE, LLC

Current Principal Place of Business:

15436 N. FLORIDA AVENUE, STE. 200
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

15436 N FLORIDA AVENUE, SUITE 200
TAMPA, FL 33613

New Mailing Address:

FEI Number: 51-0441419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	HELDFOND, NICOLE D	
Address:	15436 N FLORIDA AVENUE, SUITE 200	
City-St-Zip:	TAMPA, FL 33613	
Title:	MGR	( ) Delete
Name:	DEBARTOLO, LISA M	
Address:	15436 N FLORIDA AVENUE, SUITE 200	
City-St-Zip:	TAMPA, FL 33613	
Title:	MGR	( ) Delete
Name:	GREEN, STEVE	
Address:	15436 N FLORIDA AVENUE, SUITE 200	
City-St-Zip:	TAMPA, FL 33613	
Title:	MGR	(X) Delete
Name:	HELDFOND, BENJAMIN	
Address:	15436 N FLORIDA AVENUE, SUITE 200	
City-St-Zip:	TAMPA, FL 33613	
Title:	MGR	(X) Delete
Name:	MIDYETT, EDDY	
Address:	15436 N FLORIDA AVENUE, SUITE 200	
City-St-Zip:	TAMPA, FL 33613	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	HELDFOND, BENJAMIN	
Address:	15436 N FLORIDA AVENUE, SUITE 200	
City-St-Zip:	TAMPA, FL 33613	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NICOLE D. HELDFOND MGR 04/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date