## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT FILED Jul 10, 2007 08:00 AM Secretary of State DOCUMENT # M04000002544 1. Entity Name NOBLE CASUAL DINING 1, LLC Principal Place of Business Mailing Address 1672 HIGHWAY 1 SOUTH 1672 HIGHWAY 1 SOUTH GREENVILLE, MS 38701 GREENVILLE, MS 38701 07032007 No Chg-LLC CR2E083 (11/05) 4. FEI Number 04-3735545 \$5,00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE TRAVIS, LES 11402 NORTH 30TH STREET TAMPA, FL 33612 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.

Applied For

Not Applicable

Filing Fee is \$50.00 Due by September 14, 2007 U00000767757 07/10/07~80015-019 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE **MGRM** NAME NOBLE, HARRY W STREET ADDRESS 1672 HIGHWAY 1 SOUTH CITY-ST-ZIP GREENVILLE, MS 38701 TITLE MAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NANE STREET ADDRESS CITY-ST-ZIP TISEE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS

(NOTE. Registered Agent signature required when reinstating)

11. I hereby certify that the information supplied with this filling does not quality 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 it 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: 1

CITY-ST-ZIP

SIGNATURE.

Signature, typed or printed name of registered agent and life if applicable.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE