

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006211

Entity Name: NOBLE MARINE, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

225 108TH AVE. N.E., SUITE 300
BELLEVUE, WA 980045771

New Principal Place of Business:

10900 NE 4TH STREET
SUITE 1000
BELLEVUE, WA 980045771

Current Mailing Address:

225 108TH AVE. N.E., SUITE 300
BELLEVUE, WA 980045771

New Mailing Address:

10900 NE 4TH STREET
SUITE 1000
BELLEVUE, WA 980045771

FEI Number: 65-1240926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: MEMB () Delete
Name: WESTGROUP PARTNER, I, NC
Address: 225 108TH AVE. N.E., SUITE 300
City-St-Zip: BELLEVUE, WA 980045771

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MEMB (X) Change () Addition
Name: WESTGROUP PARTNER, I, NC
Address: 10900 NE 4TH STREET, SUITE 1000
City-St-Zip: BELLEVUE, WA 980045771

Title: MEMB () Change (X) Addition
Name: COLEE FAMILY TRUST,
Address: 10900 NE 4TH STREET, SUITE 1000
City-St-Zip: BELLEVUE, WA 98004

I hereby certify that the information supplied with this filing does not qualify 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: M. P. DYER

VP

04/28/2008

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