

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90002 042 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L00000015023			
1. Entity Name NORTHSTAR CAPITAL PARTNERS, LLC			
Principal Place of Business 5439 BEAUMONT CENTER BLVD SUITE 1050 TAMPA FL 33634		Mailing Address 148 E. DOUGLAS RD. OLDSMAR FL 34677-2939	
2. Principal Place of Business <i>148 E Douglas Road</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Oldsmar, FL</i>		City & State	
Zip <i>34677</i>	Country <i>USA</i>	Zip	Country

4. FEI Number 59-3685171	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NADER, DAVID A 5439 BEAUMONT CENTER BLVD SUITE 1050 TAMPA FL 33634		Name <i>Nader, David A</i> Street Address (P.O. Box Number is Not Acceptable) <i>137 Windward Island</i> City <i>Clearwater</i> FL Zip Code <i>33767</i>	

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: *[Signature]* DATE: *3/2/04*

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, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEMMER, FRED		NAME		
STREET ADDRESS	148 E. DOUGLAS RD.		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL 34677-2939		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NADER, DAVID		NAME		
STREET ADDRESS	5439 BEAUMONT CENTER BLVD SUITE 1050		STREET ADDRESS	<i>137 Windward Island</i>	
CITY-ST-ZIP	TAMPA FL 33634		CITY-ST-ZIP	<i>Clearwater, FL 33767</i>	
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORNE, CHAD T		NAME		
STREET ADDRESS	5439 BEAUMONT CENTER, BLVD SUITE 1050		STREET ADDRESS	<i>289 Bayside Dr,</i>	
CITY-ST-ZIP	TAMPA FL 33634		CITY-ST-ZIP	<i>Clearwater, FL 33767</i>	
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		
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: *[Signature]* Date: *5/1/04* Daytime Phone #: *813-818-8277*

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