


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000015023
 1. Entity Name
 NORTHSTAR CAPITAL PARTNERS, LLC



Principal Place of Business 148 E DOUGLAS ROAD OLDSMAR, FL 34677	Mailing Address 148 E. DOUGLAS RD. OLDSMAR, FL 34677-2939
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DO NOT WRITE IN THIS SPACE



02282005No Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent
 NADER, DAVID A
 137 WINDWARD ISLAND
 CLEARWATER, FL 33767

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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 _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEMMER, FRED 148 E. DOUGLAS RD. OLDSMAR, FL 346772939
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NADER, DAVID 137 WINDWARD ISLAND CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORNE, CHAD T 289 BAYSIDE DR CLEARWATER, FL 33767
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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:  **3/3/05** **813-299-9855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #