

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
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



03202007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3685171	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEMMER, FRED
148 E. DOUGLAS RD.
OLDSMAR, FL 34677

**DO NOT WRITE
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HEMMER, FRED
STREET ADDRESS	148 E. DOUGLAS RD.
CITY-ST-ZIP	OLDSMAR, FL 346772939
TITLE	MGR
NAME	NADER, DAVID
STREET ADDRESS	137 WINDWARD ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	MGR
NAME	HORNE, CHAD T
STREET ADDRESS	289 BAYSIDE DR
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/07-80002-012 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

Fred Hemmer

4/6/07

813-299-9855

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

Date

Daytime Phone #