

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041019

FILED
Jan 16, 2007
Secretary of State

Entity Name: NORTH FLORIDA BUILDING PARTNERS, L.C.

Current Principal Place of Business:

6420 N.W. 9TH BOULEVARD
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6420 N.W. 9TH BOULEVARD
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 20-0347332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEARDOURFF, STEPHEN L M.D.
6420 N.W. 9TH BOULEVARD
GAINESVILLE, FL 32605 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: MGRM () Delete
Name: DEARDOURFF, STEPHEN
Address: 6420 NW 9 BLVD
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete
Name: TIMMONS, JOHN W
Address: 6420 NW 9 BLVD
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete
Name: CASSISI, CHRISTOPHER
Address: 6420 NW 9 BLVD
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN L DEARDOURFF MD

MD

01/16/2007

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