

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052054

**FILED**  
**Apr 29, 2006**  
**Secretary of State**

**Entity Name:** NORTHLAND REALTY, LLC

**Current Principal Place of Business:**

12800 UNIVERSITY PARK  
FORT MYERS, FL 33908

**New Principal Place of Business:**

12800 UNIVERSITY DRIVE, SUITE 380  
FORT MYERS, FL 33907

**Current Mailing Address:**

15880 SUMMERLIN, SUITE 300; PMB #316  
FORT MYERS, FL 33908

**New Mailing Address:**

12800 UNIVERSITY DRIVE, SUITE 380  
FORT MYERS, FL 33907

FEI Number: 20-0469261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TROIANO, JOSEPH A ESQ  
12800 UNIVERSITY PARK  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

TROIANO, JOSEPH A ESQ  
12800 UNIVERSITY DRIVE, SUITE 380  
FORT MYERS, FL 33907 US

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: JOSEPH A. TROIANO

04/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TROIANO, JOSEPH A  
Address: 12800 UNIVERSITY PARK  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TROIANO, JOSEPH A  
Address: 12800 UNIVERSITY DRIVE, SUITE 380  
City-St-Zip: FORT MYERS, FL 33907

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: JOSEPH A. TROIANO

MGR

04/29/2006

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