2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049322

Address:

City-St-Zip:

1304 DESOTO AVE., #304

TAMPA, FL 33606

Entity Name: TRAVERSE CITY NORTH STARS, LLC

FILED Jul 05, 2005 Secretary of State

Current P	rincipal Place of Business:	New Princ	ipal Place of Business:	
1304 DES TAMPA, F	OTO AVE., #304 L 33606			
Current Mailing Address:		New Maili	New Mailing Address:	
1304 DES¢ TAMPA, F	OTO AVE., #304 L 33606			
In accordan	: 20-1321875 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability of I Address of Current Registered Agent:	-		
MCNAMAI 2909 BAY TAMPA, F	RA, THOMAS P TO BAY BLVD., SUITE 309 L 33629 US			
	named entity submits this statement for the e of Florida.	e purpose of changing i	ts registered office or registered agent, or both	
SIGNATUR	RE:			
	Electronic Signature of Registered A	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/0	CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete LEICH, RAYMOND 1304 DESOTO AVE., #304 TAMPA, FL 33606	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete MACIEJEWSKI, ED 1304 DESOTO AVE., #304 TAMPA, FL 33606	Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition MACIEJEWSKI, ED 12175 N. 1950 AVE GENESEO, IL 61254	
Title: Name: Address: City-St-Zip:	MGR () Delete GARDNER, CHRIS 1304 DESOTO AVE., #304 TAMPA, FL 33606	Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition GARDINER, SCOTT 4206 WILLIAMSTON CT WILLIAMSBURG, MI 49690	
Title: Name: Address: City-St-Zip:	MGR () Delete TACKAS, DAVE 1304 DESOTO AVE., #304 TAMPA, FL 33606	Title: Name: Address: City-St-Zip:	MGR (X) Change () Addition GRIFFIN, LESTER 1385 WOODLOCK RD MT. PLEASANT, SC 29464	
Title: Name:	MGR () Delete TACKAS, KEVIN	Title: Name:	MGR (X) Change () Addition FOURNIER, STEVE	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

4194 DORNOCH CT

WILLIAMSBURG, MI 49690

SIGNATURE: RAYMOND LEICH MGR 07/05/2005