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Secretary of State
04-27-2005 90040 033 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000012892

1. Entity Name
NORTH, L.L.C.

Principal Place of Business	Mailing Address
3575 NE 207TH ST. SUITE B-11 AVENTURA, FL 33180 US	3575 NE 207TH ST. SUITE B-11 AVENTURA, FL 33180 US

14002417

04212005No Chg-LLC CR2E063 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0077078
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, LEON
3575 NE 207TH ST.
SUITE B-11
AVENTURA, FL 33180

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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 _____ 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, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GUTT, ELIAS
STREET ADDRESS	1000 EAST ISLAND BLVD., APT. 2102
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGRM
NAME	KORN, JACKY
STREET ADDRESS	21055 YACHT CLUB DR. APT. 1407
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGRM
NAME	PEREZ, LEON
STREET ADDRESS	19707 TURNBERRY WAY APT. 18L
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGRM
NAME	NA, NA
STREET ADDRESS	NA
CITY-ST-ZIP	NA, NA NA
TITLE	MGRM
NAME	NA, NA
STREET ADDRESS	NA
CITY-ST-ZIP	NA, NA NA
TITLE	MGRM
NAME	NA, NA
STREET ADDRESS	NA
CITY-ST-ZIP	NA, NA NA

DO NOT WRITE IN THIS SPACE

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: _____ 4/21/05 (305)931-9951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #