2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L00000011180

1. Entity Name
NORTHLAKE ACQUISITION EAST, LLC

FILED
2007 AUG -8 AM 10: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10400 GRIFFIN RD., #210 COOPER CITY, FL 33328	10400 GRIFFIN RD., #210 COOPER CITY, FL 33328

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07202007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 65-1042371 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEONARD, C. GLENN
4875 N. FEDERAL HWY., 10TH FLOOR
FT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name: C. Glenn Leonard
Street Address (P.O. Box Number is Not Acceptable): 1995 E. Oakland Park Blvd, Suite 105
City: Fort Lauderdale FL Zip Code: 33306

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: C. Glenn Leonard (signature) 7/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
C. Glenn Leonard

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMSON, ROBERT 999 RIVIERA ISLE FT. LAUDERDALE, FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Barbara Williamson 10400 Griffin Road, #210 ~~Cooper City, Fla 33328~~ ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300108393783 08/21/07--01055--005 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Barbara Williamson (signature) Pres. 7/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
Barbara Williamson