

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000015023**

1. Entity Name  
**NORTHSTAR CAPITAL PARTNERS, LLC**



Principal Place of Business

**148 E DOUGLAS ROAD  
OLDSMAR, FL 34677**

Mailing Address

**148 E. DOUGLAS RD.  
OLDSMAR, FL 34677-2939**



01172006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3685171**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NADER, DAVID A  
137 WINDWARD ISLAND  
CLEARWATER, FL 33767**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
HEMMER, FRED  
148 E. DOUGLAS RD.  
OLDSMAR, FL 346772939**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
NADER, DAVID  
137 WINDWARD ISLAND  
CLEARWATER, FL 33767**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
HORNE, CHAD T  
289 BAYSIDE DR  
CLEARWATER, FL 33767**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000435881  
02/27/06-80016-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #