


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90104 012 ***138.75

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
--	---

DO NOT WRITE IN THIS SPACE



01292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3685171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HEMMER, FRED 148 E. DOUGLAS RD. OLDSMAR, FL 34677
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	

**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:  **3/25/08** **813-818-8277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #