2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

May 03, 2004 8:00 am Secretary of State DOCUMENT # L01000011137 1. Entity Name 05-03-2004 90152 022 ****50 00 NORTHWOOD, LLC Principal Place of Business Mailing Address 1626 90TH AVENUE 1626 90TH AVENUE VERO BEACH FL 32966 VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State Applied For 4. FEI Number 52-2332720 Not Applicable Country, Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARDSON, DANFORTH K Street Address (P.O. Box Number is Not Acceptable) **1626 90TH AVENUE** VERO BEACH FL 32966 City Zip Code 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition TITLE Delete TITLE ☐ Change RICHARDSON, DANFORTH K NAME NAME STREET ADDRESS 1855-28TH AVE. STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE: ☐ Addition NAME KAHLE, SANDRA R NAME STREET ADDRESS 6020 SW 5TH ST STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32968 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME LUTHER, NANCY R STREET ADDRESS STREET ADDRESS 555 SOUTH A1A CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE ☐ Delete TITLE Change ☐ Addition HOPKINS, SUSAN R NAME NAME 1580 GRACEWOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP MGR TITLE ☐ Delete ☐ Change Addition NAME ICHARDSON NAME DANFORTH K ELO BEACH, Fr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32966 CITY-ST-ZIP 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 empoyered to execute this report as required by Chapter 608, Florida Statutes.

FILED