2008 LIMITED LIABILITY COMPANY

Apr 15, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L01000011137 04-15-2008 90106 043 ***138.75 NORTHWOOD, LLC Principal Place of Business Mailing Address 50003182 21 ROYAL PALM POINTE STE 201 PO BOX 170° VERO BEACH, FL 32961 VERO BEACH, FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1 02042008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 52-2332720 Not Applicable Zip Country Country \$5.00 Additional \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHARDSON, DANFORTH K Street Address (P.O. Box Number is Not Acceptable) 1035 ST JAMES CIR VERO BEACH, FL 32967 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. Land I SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 3, FILE NOW!!! FEE IS \$138.75 Make check payable to Florida Department of State After May 1, 2008 Fee will be \$538.75 * 1 \$ t. . 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ☐ Change ☐ Addition TITLE ☐ Delete TITLE LUTHER, JOHN M NAME NAME STREET ADDRESS 555 SOUTH A1A STREET ADDRESS CITY-ST-Z(P VERO BEACH, FL 32963 CITY-ST-7IP Delete TITLE ☐ Change ■ Addition TITLE KAHLE, SANDRA R : NAME NAME STREET ADDRESS 6020 SW 5TH ST STREET ADDRESS VERO BEACH, FL 32968 CITY-ST-7IP CITY-ST-7/P ASVT ☐ Change ☐ Addition ☐ Delete TITLE TITLE LUTHER, NANCY R NAME NAME STREET ADDRESS 555 SOUTH A1A STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP TITLE ASV ☐ Delete TIFI F ☐ Change Addition HOPKINS, SUSAN R NAME NAME STREET ADDRESS 21 ROYAL PALM POINTE STE 201 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE RICHARDSON, DANFORTH K NAME NAME 1035 ST JAMES CIR STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32967 ☐ Change Addition TITLE MGR Delete TITLE RICHARDSON, MARJORIE H NAME NAME STREET ADDRESS 1035 ST JAMES CIR STREET ADDRESS VERO BEACH, FL 32967 CITY-ST-ZIP CITY-ST-7IP

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 empowed to execute this report as required by Chapter 608, Florida Statutes.

eauni. SIGNATURE: SIGNATURE AND TYPED OF PRI PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
IN M. HUTHER, PRESIDENT

April 6th 2008 Date

772-567-1151

Daytime Phone #

FILED