

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000021952

1. Entity Name
THE NORTH STAR CENTRE, LLC



Principal Place of Business

9033 GLADES ROAD
STE B
BOCA RATON, FL 33434

Mailing Address

9033 GLADES ROAD
STE B
BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE



04102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
26-0021301

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDELSON, STEPHEN
GRENNBERG AND TRAUIG
5100 TOWN CENTER CIRCLE, SUITE 400
BOCA RATON, FL 33486

**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	MGRM
NAME	KAUFMAN, IRA
STREET ADDRESS	9033 GLADES RD, STE B
CITY-STATE-ZIP	BOCA RATON, FL 33434
TITLE	MGRM
NAME	ALPER, MARK
STREET ADDRESS	9033 GLADES RD, STE B
CITY-STATE-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000549718
05/13/06-80029-020 50.00

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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 #