


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90041 033 ****50.00

DOCUMENT # L02000002925		
1. Entity Name NORTHRIDGE DEVELOPMENT, LLC		

Principal Place of Business 3300 AIRPORT RD. LAKELAND FL 33811-3002	Mailing Address 701 ENTERPRISE ROAD EAST 202 SAFETY HARBOR FL 34695
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2. Principal Place of Business 3300 PUBLIX CORPORATE PKWY		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKELAND FL		City & State	
Zip 33811-3311	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ROTH, STEPHEN L 701 ENTERPRISE ROAD EAST SUITE 202 SAFETY HARBOR FL 34695		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E REAL SUB, LLC 3300 AIRPORT RD. LAKELAND FL 33811-3002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	E REAL SUB, LLC 3300 PUBLIX CORPORATE PKWY. LAKELAND FL 33811-3311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRAZIER, JOHN 3300 AIRPORT RD. LAKELAND FL 33811-3002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT FRAZIER, JOHN 3300 PUBLIX CORPORATE PKWY. LAKELAND FL 33811-3311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS, DAVID P 3300 AIRPORT RD. LAKELAND FL 33811-3002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PHILLIPS, DAVID P 3300 PUBLIX CORPORATE PKWY. LAKELAND FL 33811-3311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ATTAWAY, JOHN J 3300 AIRPORT RD. LAKELAND FL 33811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ATTAWAY, JOHN 3300 PUBLIX CORPORATE PKWY. LAKELAND FL 33811-3311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: STEPHEN L. ROTH **3/26/05** **(727) 725-8700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #