
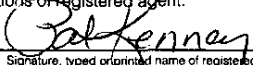
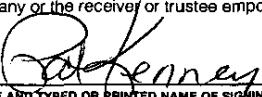


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90215 025 \*\*\*\*50.00

DOCUMENT # L02000012914					
<b>1. Entity Name</b> NORTHBRIDGE LAKES, LLC.					
<b>Principal Place of Business</b> C/O FLORIDA LOW INCOME HOUSING ASSOCIATES 701 WHITE BLVD INVERNESS, FL 34453			<b>Mailing Address</b> C/O FLORIDA LOW INCOME HOUSING ASSOCIATES 701 WHITE BLVD INVERNESS, FL 34453		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04052004    Chg-LLC    CR2E083 (10/03)	
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WILSON, MAUREEN C/O FLORIDA LOW INCOME HOUSING ASSOCIATES 701 WHITE BLVD INVERNESS, FL 34453			Name <b>Pat Kenney</b> Street Address (P.O. Box Number is Not Acceptable)  701 White Blvd City <b>Inverness</b> <b>FL</b> Zip Code <b>34453</b>		
<b>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.</b>					
SIGNATURE 		<b>Pat Kenney</b>		<b>4/6/04</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLORIDA LOW INCOME HOUSING ASSOC., INC.		NAME		
STREET ADDRESS	701 WHITE BLVD		STREET ADDRESS		
CITY - ST - ZIP	INVERNESS, FL 34453		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
<b>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.</b>					
SIGNATURE: 		<b>Pat Kenney</b>		<b>4/6/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	