2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Apr 23, 2008 8:00 am Secretary of State

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DOCUMENT # L02000013216 1. Entity Name NORTHLAKE ASSOCIATES, LLC					04-23-2008 90124 002 ***138.75					
Principal Place of Business 5201 VILLAGE BOULEVARD WEST PALM BEACH, FL 33407		Mailing Address 5201 VILLAGE BOULEVARD WEST PALM BEACH, FL 33407			bune 1 + 3		10 44 00 1 Hand 6 1H	uu i iib 2 uu i		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04112008	Chg-LLC	CR2E08	33 (12/06)		
City & State		City & State			4. FEI Numb 81-05			<u> </u>	plied For t Applicable	
Zip	Country	Zip Cour		у	<u>[</u>	e of Status Desired	F	5.00 Add ee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent						
NEEDLE, ROBERT 5201 VILLAGE BLVD WEST PALM BEACH, FL 33407				Street Address (P.O. Box Number is Not Acceptable)						
				City	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 familithe obligations of registered agent.								amiliar with,	and accci	
SIGNATURE .	ions of registered agent.					,				
	Signature, typed or printed name of registered agent as NOWIII FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		E: Registered	Agent signature required	d when (einstating)		e check pa	ent of State		
9.	MANAGING MEMBER	BE /MANACERS	10.			ADDITIONS	CHANCES	St. May.	Mary Services	
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NAME	NEEDLE, ROBERT	L Delete	NAME					onengo		
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indicated limited lia	certify that the information supplied with f on this report is true and accurate and ability company or the receiver or trusted	that my signature shall have empowered to execute this	or the exen the same report as	riptions contained legal effect as if r required by Chap	made under oa oter 608, Florida	i, Florida Statutes. I fu th; that I am a manaç a Statutes.	uriner certify ging membe	riat the into if or manage	er of the	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE