2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L02000013216

Entity Name: NORTHLAKE ASSOCIATES, LLC

Current Principal Place of Business:

5201 VILLAGE BOULEVARD
WEST PALM BEACH, FL 33407

New Principal Place of Business:

5201 VILLAGE BLVD
WEST PALM BEACH, FL 33407

Current Mailing Address:

5201 VILLAGE BOULEVARD
WEST PALM BEACH, FL 33407

New Mailing Address:

5201 VILLAGE BLVD
WEST PALM BEACH, FL 33407

FEI Number: 81-0556213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEEDLE, ROBERT
5201 VILLAGE BLVD
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NEEDLE, ROBERT
Address: 5201 VILLAGE BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR ( ) Delete
Name: NEEDLE, DAVID
Address: 5201 VILLAGE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NEEDLE, ROBERT
Address: 5201 VILLAGE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR (X) Change ( ) Addition
Name: NEEDLE, DAVID
Address: 5201 VILLAGE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT NEEDLE MGR 03/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date