


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000015837 1. Entity Name NORTH GARDEN ASSOCIATES, LLC |  |
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| Principal Place of Business 1000 ELDORADO AVE CLEARWATER BEACH, FL 33767 | Mailing Address P.O. BOX 1558 CLEARWATER, FL 33757 |
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04192007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 34-2004041 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

POLLACK, RONALD J
 1000 ELDORADO AVE
 CLEARWATER, FL 33767

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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 _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR POLLACK, RONALD J 1000 ELDORADO AVE CLEARWATER, FL 33767 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR POLLACK, MIREILLE 1000 ELDORADO AVE CLEARWATER, FL 33767 |
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 05/11/07-80056-010 50.00

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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:  **Ronald J. Pollack** April 25, 2007 727-725-5225