


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90026 002 ***138.75

DOCUMENT # L02000015837			
1. Entity Name NORTH GARDEN ASSOCIATES, LLC			
Principal Place of Business 1000 ELDORADO AVE CLEARWATER BEACH, FL 33767		Mailing Address P.O. BOX 1558 CLEARWATER, FL 33757	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04252008 Chg-LLC CR2E083 (12/06)

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		7. Name and Address of New Registered Agent	
POLLACK, RONALD J 1000 ELDORADO AVE CLEARWATER, FL 33767		Name Richard P. Tinkelenberg	
		Street Address (P.O. Box Number is Not Acceptable)	
		1216 Nelson Avenue	
		City Clearwater	FL Zip Code 33755-3652

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 *Richard P. Tinkelenberg* **Richard P. Tinkelenberg** **April 25, 2008**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLLACK, RONALD J 1000 ELDORADO AVE CLEARWATER, FL 33767 <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	MGR POLLACK, MIREILLE 1000 ELDORADO AVE CLEARWATER, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *R. Pollack* **Ronald J. Pollack** **April 28, 2008** **727-725-5225**