

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 07, 2003 8:00 am
Secretary of State

04-30-2003 90190 035 ****50.00

DOCUMENT # L02000015837

1. Entity Name
NORTH GARDEN ASSOCIATES, LLC



Principal Place of Business
**1104 DRUID ROAD SOUTH
CLEARWATER FL 33756**

Mailing Address
**1104 DRUID ROAD SOUTH
CLEARWATER FL 33756**

44005330

2. Principal Place of Business
1000 Eldorado Ave

3. Mailing Address
P.O. Box 902

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

Zip
33767

Country
U.S.A.

Zip
33757

Country
U.S.A.

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

8. Name and Address of Current Registered Agent

**POLLACK, RONALD J
1104 DRUID ROAD SOUTH
CLEARWATER FL 33756**

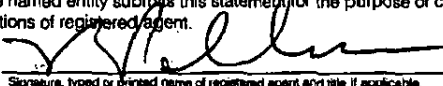
7. Name and Address of New Registered Agent

Name **Ronald J. Pollack**

Street Address (P.O. Box Number is Not Acceptable)
1000 Eldorado Ave

City **Clearwater** FL Zip Code **33767**

9. 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  **Ronald J. Pollack** DATE **4/23/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS


TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLLACK, RONALD J 1104 DRUID ROAD SOUTH CLEARWATER FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLLACK, MIREILLE 1104 DRUID ROAD SOUTH CLEARWATER FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ronald J. Pollack 1000 Eldorado Ave CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mireille Pollack 1000 Eldorado Ave Clearwater, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CRRE083 (10/02)

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.

SIGNATURE:  **Ronald J. Pollack** DATE **4/23/03** 727/298-5400

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