

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90040 017 ****50.00

DOCUMENT # L02000022520

1. Entity Name
NORTH PORT PLACE, LLC



Principal Place of Business

**C/O BAYSHORE LAND GROUP, INC.
255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134**

Mailing Address

**C/O BAYSHORE LAND GROUP, INC.
255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134**

24053784



02032004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
65-0781036

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MACNAIR, CHRISTOPHER J
C/O BAYSHORE LAND GROUP, INC.
255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MACNAIR, CHRISTOPHER J
255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FERTIG, JAY
255 ALHAMBRA CIRCLE, SUITE 325
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

Christopher J. MacNair **Christopher J. MacNair, Mgr** **4/18/04** **305-445-6161**