

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022520

Entity Name: NORTH PORT PLACE, LLC

FILED  
Jan 06, 2005  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0781036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: MACNAIR, CHRISTOPHER J  
Address: 255 ALHAMBRA CIRCLE, SUITE 325  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: FERTIG, JAY  
Address: 255 ALHAMBRA CIRCLE, SUITE 325  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTOPHER J. MACNAIR

MGR

01/06/2005

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