

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

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**



04192006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

6. FEI Number
65-0781036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006**

10. 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

U00000530254
05/05/06-80111-001 50.00

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

Christopher J. MacNair
Christopher J. MacNair

4/20/06

305-445-6161