

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 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



04152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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 reissuing)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

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

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

TITLE  
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CITY-ST-ZIP

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U000000924554  
05/19/08-80006-005 138.75

**DO NOT WRITE  
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 606, 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 4/25/08 (305)445-6161