

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000023339

1. Entity Name
NORTH FLORIDA PROPERTY PARTNERS, LLC



FILED

2006 JUN 30 PM 2:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
PO BOX 10851
TALLAHASSEE, FL 32302 US

Mailing Address
PO BOX 10851
TALLAHASSEE, FL 32302 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

06302006 Chg-LLC CR2E083 (11/05)

4. FEI Number
52-2382202

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHAMIZO, JORGE ESQ.
1922 DELLWOOD DRIVE
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME CHAMIZO, JORGE
STREET ADDRESS PO BOX 10851
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE MGRM ☐ Delete
NAME MORTHAM, ALLEN JR.
STREET ADDRESS 1916 EAST WINDWOOD WAY
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 400076771524
STREET ADDRESS 07/03/06--01001--003 **250.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/30/06 (850) 566-3760
Date Daytime Phone #