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**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 MAR 13 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000023339			
1. Entity Name NORTH FLORIDA PROPERTY PARTNERS, LLC			
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 - No P.O. Box # 6548 Weeping Willow Way Suite, Apt. #, etc.		3. Mailing Address 6548 Weeping Willow Way Suite, Apt. #, etc.	
City & State Tallahassee Florida		City & State Tallahassee	
Zip 32311		Country USA	
4. FEI Number 52-2382202		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03132007 Chg-LLC CR2E083 (12/06)	
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: Allen Mortham Jr Street Address (P.O. Box Number is Not Acceptable) 6548 Weeping Willow Way City: Tallahassee FL Zip Code: 32311	
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] DATE: 3/13/07 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: CHAMIZO, JORGE STREET ADDRESS: PO BOX 10851 CITY-ST-ZIP: TALLAHASSEE, FL 32302 <input checked="" type="checkbox"/> Delete		TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: MGRM NAME: MORTHAM, ALLEN JR. STREET ADDRESS: 1916 EAST WINDWOOD WAY CITY-ST-ZIP: TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete		TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete		TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete		TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete		TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Delete		TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE: 3/13/07 Daytime Phone #	