

50.00

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

BK

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



03132007 Chg-LLC CR2E083 (12/06)

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

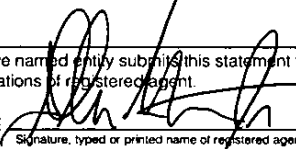
Name
Allen Mortham Jr

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  DATE 3/13/07

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

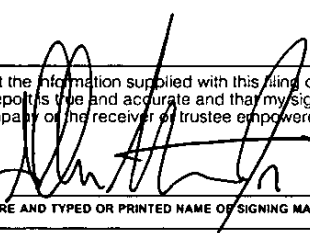
**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAMIZO, JORGE <input checked="" type="checkbox"/> Delete PO BOX 10851 TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete MORTHAM, ALLEN JR. 1916 EAST WINDWOOD WAY TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300092627393 03/14/07--01041--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  DATE 3/13/07

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