2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State
02-17-2006 90019 023 ****50.00

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1. Entity Name
NORTH POINT PROPERTY GROUP, LLC

~000078

Principal Place of Business	Mailing Address
5010 N. COOLIDGE AVENUE TAMPA, FL 33614	5010 N. COOLIDGE AVENUE TAMPA, FL 33614

02022006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0680665 ~~16-1684411~~ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVENUE
TAMPA, FL 33606

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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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	EMERSON, JOHN J
STREET ADDRESS	3837 NORTHDALE BOULEVARD, PMB 234
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	MGR
NAME	EMERSON, GLENN F
STREET ADDRESS	13507 WESTSHIRE DRIVE
CITY-ST-ZIP	TAMPA, FL 336182500
TITLE	MGR
NAME	PRATT, ERIC S
STREET ADDRESS	13529 WESTHIRE DR.
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ MANAGER 2/6/06 813-877-7591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #