
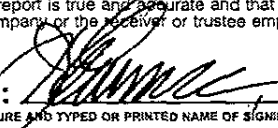


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000023520</b> <small>1. Entity Name</small> <b>NORTH POINT PROPERTY GROUP, LLC</b>																																										
<small>Principal Place of Business</small> <b>5010 N. COOLIDGE AVENUE TAMPA, FL 33614</b>	<small>Mailing Address</small> <b>5010 N. COOLIDGE AVENUE TAMPA, FL 33614</b>																																									
DO NOT WRITE IN THIS SPACE																																										
<b>6. Name and Address of Current Registered Agent</b>  <b>NORMAN, CHRISTOPHER H 315 S. HYDE PARK AVENUE TAMPA, FL 33606</b>		DO NOT WRITE IN THIS SPACE																																								
<b>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</b>  <small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small> <small>(NOTE: Registered Agent signature required when re-filing)</small> <small>DATE</small> _____																																										
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>																																										
<b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><small>TITLE</small></td> <td><b>MGR</b></td> </tr> <tr> <td><small>NAME</small></td> <td><b>EMERSON, JOHN J</b></td> </tr> <tr> <td><small>STREET ADDRESS</small></td> <td><b>3837 NORTHDAL BOULEVARD, PMB 234</b></td> </tr> <tr> <td><small>CITY-ST-ZIP</small></td> <td><b>TAMPA, FL 33624</b></td> </tr> <tr> <td><small>TITLE</small></td> <td><b>MGR</b></td> </tr> <tr> <td><small>NAME</small></td> <td><b>EMERSON, GLENN F</b></td> </tr> <tr> <td><small>STREET ADDRESS</small></td> <td><b>13507 WESTSHIRE DRIVE</b></td> </tr> <tr> <td><small>CITY-ST-ZIP</small></td> <td><b>TAMPA, FL 336182500</b></td> </tr> <tr> <td><small>TITLE</small></td> <td><b>MGR</b></td> </tr> <tr> <td><small>NAME</small></td> <td><b>PRATT, ERIC S</b></td> </tr> <tr> <td><small>STREET ADDRESS</small></td> <td><b>13529 WESTHIRE DR.</b></td> </tr> <tr> <td><small>CITY-ST-ZIP</small></td> <td><b>TAMPA, FL 33618</b></td> </tr> <tr> <td><small>TITLE</small></td> <td></td> </tr> <tr> <td><small>NAME</small></td> <td></td> </tr> <tr> <td><small>STREET ADDRESS</small></td> <td></td> </tr> <tr> <td><small>CITY-ST-ZIP</small></td> <td></td> </tr> <tr> <td><small>TITLE</small></td> <td></td> </tr> <tr> <td><small>NAME</small></td> <td></td> </tr> <tr> <td><small>STREET ADDRESS</small></td> <td></td> </tr> <tr> <td><small>CITY-ST-ZIP</small></td> <td></td> </tr> </table>			<small>TITLE</small>	<b>MGR</b>	<small>NAME</small>	<b>EMERSON, JOHN J</b>	<small>STREET ADDRESS</small>	<b>3837 NORTHDAL BOULEVARD, PMB 234</b>	<small>CITY-ST-ZIP</small>	<b>TAMPA, FL 33624</b>	<small>TITLE</small>	<b>MGR</b>	<small>NAME</small>	<b>EMERSON, GLENN F</b>	<small>STREET ADDRESS</small>	<b>13507 WESTSHIRE DRIVE</b>	<small>CITY-ST-ZIP</small>	<b>TAMPA, FL 336182500</b>	<small>TITLE</small>	<b>MGR</b>	<small>NAME</small>	<b>PRATT, ERIC S</b>	<small>STREET ADDRESS</small>	<b>13529 WESTHIRE DR.</b>	<small>CITY-ST-ZIP</small>	<b>TAMPA, FL 33618</b>	<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY-ST-ZIP</small>		<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY-ST-ZIP</small>	
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<b>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.</b>																																										
<b>SIGNATURE:</b>  <b>MANAGER JOHN EMERSON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>																																										



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<b>4. FEI Number</b> <b>16-1684411</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><small>Applied For</small></td> </tr> <tr> <td style="padding: 2px;"><small>Not Applicable</small></td> </tr> </table>	<small>Applied For</small>	<small>Not Applicable</small>
<small>Applied For</small>			
<small>Not Applicable</small>			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			

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01/16/07-80045-016 50.00

**DO NOT WRITE  
IN THIS SPACE**