


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90053 018 ****55.00

DOCUMENT # L02000024404	
1. Entity Name NORTHSTAR OF JACKSONVILLE, L.L.C.	

Principal Place of Business 13171 ATLANTIC BLVD. STE 400 JACKSONVILLE, FL 32225	Mailing Address 13171 ATLANTIC BLVD. STE 400 JACKSONVILLE, FL 32225
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DO NOT WRITE IN THIS SPACE

04132005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 42-1558252	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

REGISTER, WILLIAM P
13171 ATLANTIC BLVD.
STE 400
JACKSONVILLE, FL 32225

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REGISTER, WILLIAM P 13171 ATLANTIC BLVD STE 400 JACKSONVILLE, FL 32225
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William P. Register 4/18/05 904-221-9660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #