

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000028681

1. Entity Name
NORTHCLIFFE PROPERTIES, LLC



Principal Place of Business
8425 NORTHCLIFFE BLVD.
SPRING HILL, FL 34606

Mailing Address
8425 NORTHCLIFFE BLVD.
SPRING HILL, FL 34606



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1134973

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASE, JAMES W
8425 NORTHCLIFFE BLVD.
SPRING HILL, FL 34606

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

000000415945
02/11/06-80103-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SHANMUGHAM, SADRAS MD
STREET ADDRESS 4326 RIVER BIRCH DRIVE
CITY-ST-ZIP SPRING HILL, FL 34607

TITLE MGR
NAME DEAM, DAVID MD
STREET ADDRESS 4028 GULF VIEW DRIVE
CITY-ST-ZIP SPRING HILL, FL 34607

TITLE MGR
NAME ROEBUCK, BRIAN M MD
STREET ADDRESS 6159 NEW OSPREY POINT
CITY-ST-ZIP WEEKI WACHEE, FL 34607

TITLE MGR
NAME GARCIA, LYNDON O MD
STREET ADDRESS 9478 MONTEBELLO LANE
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE MGR
NAME DEVABOSE, NATHAN C MD
STREET ADDRESS 7377 ROYAL OAK DRIVE
CITY-ST-ZIP SPRING HILL, FL 34607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #