

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00**  
**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**



01282008No Chg-LLC

CR2E083 (12/07)

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000845250  
03/13/08-80031-015 138.75

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MOHAI, LAURIAN V  
132 MINERVA PL  
SPRING HILL, FL 34609**

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

2/26/08

Date

352 466-1011

Daytime Phone #