

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028681

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: NORTHCLIFFE PROPERTIES, LLC

## Current Principal Place of Business:

8425 NORTHCLIFFE BLVD.  
SPRING HILL, FL 34606

## New Principal Place of Business:

## Current Mailing Address:

8425 NORTHCLIFFE BLVD.  
SPRING HILL, FL 34606

## New Mailing Address:

FEI Number: 57-1134973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DEAM, DAVID MD  
Address: 4028 GULF VIEW DRIVE  
City-St-Zip: SPRING HILL, FL 34607

Title: MGR ( ) Delete  
Name: ROEBUCK, BRIAN M MD  
Address: 6159 NEW OSPREY POINT  
City-St-Zip: WEEKI WACHEE, FL 34607

Title: MGR ( ) Delete  
Name: GARCIA, LYNDON O MD  
Address: 9478 MONTEBELLO LANE  
City-St-Zip: SPRING HILL, FL 34608

Title: MGR ( ) Delete  
Name: DEVABOSE, NATHAN C MD  
Address: 7377 ROYAL OAK DRIVE  
City-St-Zip: SPRING HILL, FL 34607

Title: MGR ( ) Delete  
Name: MOHAI, LAURIAN V  
Address: 132 MINERVA PL  
City-St-Zip: SPRING HILL, FL 34609

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID DEAM

MGR

04/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date