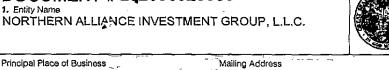
2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # LQ2000029930 1. Entity Name NORTHERN ALLIANCE INVESTMENT GROUP, L.L.C.

FILED Apr 19, 2005 08:00 AM Secretary of State



4745 SUTTON PARK COURT

JACKSONVILLE, FL 32224

BLDG 500, STE 501



DO NOT WRITE IN THIS SPACE

04062005 No Chg-LLC

CR2E083 (10/03)

| 4. FEI Number | | Applied For |
|----------------------------------|--------|----------------|
| 81-0578740 | | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 | Additional |

8. Name and Address of Current Registered Agent

BARON BARTLETT 135 PROFESSIONAL DRIVE, SUITE 101 PONTE VEDRA BEACH, FL 32082

4745 SUTTON PARK COURT

JACKSONVILLE, FL 32224

BLDG 500, STE 501

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the purpose of chan ions of registered agent. | ging its registered office or registered agent, or b | oth, in the State of Florida. I am familiar with, and accept |
|---|---|--|--|
| SIGNATURE. | Signature, typed or printed name of registered agent and little if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| Fi D | iling Fee is \$50.00 ue by May 1, 2005 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | The state of the s |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LENDRY, BRYAN 4745 SUTTON PARK CT, BLDG 500, STE 501 JACKSONVILLE, FL 32224 | | - U00000316691 04/19/05-80084-024 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TABB, JEFFREY E 4745 SUTTON PARK CT, BLDG 500, STE 501 JACKSONVILLE, FL 32224 | | |
| TITLE NAME STREET ADDRESS GITY - ST- ZIP | MGRM DAUSEND, THOMAS 4745 SUTTON PARK CT, BLDG 500, STE 501 JACKSONVILLE, FL 32224 | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 11. I hereby c | ertify that the information supplied with this filing does not gu | alify for the exemption stated in Section 119.07(3) | i(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 609, Florida Statutes.

SIGNATURE:

ed name of signing managing member, or authorized representative

904-992-2100

Daytime Phone #