


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

|  |   |
|--|---|
| <b>DOCUMENT # LQ2000029930</b><br>1. Entity Name<br>NORTHERN ALLIANCE INVESTMENT GROUP, L.L.C. |  |
|--|---|

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|--|--|
| Principal Place of Business<br>4745 SUTTON PARK COURT<br>BLDG 500, STE 501<br>JACKSONVILLE, FL 32224 | Mailing Address<br>4745 SUTTON PARK COURT<br>BLDG 500, STE 501<br>JACKSONVILLE, FL 32224 |
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**DO NOT WRITE IN THIS SPACE**



04062005No Chg-LLC CR2E083 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>81-0578740                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>BARON BARTLETT<br>135 PROFESSIONAL DRIVE, SUITE 101<br>PONTE VEDRA BEACH, FL 32082 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---|---------------------------------------|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LENDRY, BRYAN<br>4745 SUTTON PARK CT, BLDG 500, STE 501<br>JACKSONVILLE, FL 32224   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TABB, JEFFREY E<br>4745 SUTTON PARK CT, BLDG 500, STE 501<br>JACKSONVILLE, FL 32224 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DAUSEND, THOMAS<br>4745 SUTTON PARK CT, BLDG 500, STE 501<br>JACKSONVILLE, FL 32224 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000316891  
04/19/05-80084-024 50.00

**DO NOT WRITE  
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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:**  **4/7/05** **904-992-2100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #