

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90159 008 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000029930

1. Entity Name
**NORTHERN ALLIANCE INVESTMENT GROUP,
L.L.C.**



Principal Place of Business
3202 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH, FL 32082

Mailing Address
3202 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business
4745 Sutton Park Court

3. Mailing Address
4745 Sutton Park Court

Suite, Apt. #, etc.
Bldg. 500, Ste. 501

Suite, Apt. #, etc.
Bldg. 500, Ste. 501

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32224

Country
U.S.A.

Zip
32224

Country
U.S.A.

4. FFI Number
81-0578740

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

a. 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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LENDRY, BRYAN
3202 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH, FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TABB, JEFFREY E
3202 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH, FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DAUSEND, THOMAS
3202 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH, FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4745 Sutton Park Court
Bldg. 500, Ste. 501
Jacksonville, FL 32224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4745 Sutton Park Court
Bldg. 500, Ste. 501
Jacksonville, FL 32224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4745 Sutton Park Court
Bldg. 500, Ste. 501
Jacksonville, FL 32224 ☒ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

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

2/27/03

Date

Daytime Phone #

CR2E083 (10/02)