

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031010

Entity Name: NORTHEM HOMELAND, LLC

FILED  
Mar 21, 2009  
Secretary of State

**Current Principal Place of Business:**

8452 NW 62 LANE  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

8452 NW 62 LANE  
GAINESVILLE, FL 32653

**New Mailing Address:**

FEI Number: 32-0049586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZAMBELLI, RICHARD  
8452 NW 62ND LN  
GAINESVILLE, FL 32653 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: MGRM ( ) Delete  
Name: ZAMBELLI, RICHARD  
Address: 6308 NW 81ST BLVD  
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM ( ) Delete  
Name: DELANEY, WILLIAM  
Address: 16217 NW 202ND ST  
City-St-Zip: ALACHUA, FL 32615

Title: MGRM ( ) Delete  
Name: TAHITI HOLDINGS LTD,  
Address: 10729 SW 104 ST  
City-St-Zip: MIAMI, FL 33176

**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:

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: RICHARD ZAMBELLI

MGM

03/21/2009

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