

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033289

FILED
Jul 27, 2006
Secretary of State

Entity Name: NORTHVIEW ENTERPRISES, LLC

Current Principal Place of Business:

5748 TEMPLAR CROSSING
WEST BLOOMFIELD, MI 48322 US

New Principal Place of Business:

Current Mailing Address:

5748 TEMPLAR CROSSING
WEST BLOOMFIELD, MI 48322 US

New Mailing Address:

FEI Number: 52-2403596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHULTZ, RICHARD S
10 CLOISTER CIRCLE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

HARPER, CHERYL A
2230 WOODINGHAM DR.
TROY, MICHIGAN, FL 48085 US

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: CHERYL A. HARPER

07/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEISBERG, AMIR
Address: 5748 TEMPLAR CROSSING
City-St-Zip: WEST BLOOMFIELD, MI 48322 US

Title: MGRM () Delete
Name: WEISBERG, DORIT
Address: 5748 TEMPLAR CROSSING
City-St-Zip: WEST BLOOMFIELD, MI 48322 US

ADDITIONS/CHANGES:

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 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: AMIR WEISBERG

MGRM

07/27/2006

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