

2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT

DOCUMENT # L02000033289
 1. Entity Name
 NORTHVIEW ENTERPRISES, LLC



60029878

Principal Place of Business Mailing Address
 5748 TEMPLAR CROSSING 5748 TEMPLAR CROSSING
 WEST BLOOMFIELD, MI 48322 US WEST BLOOMFIELD, MI 48322 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 34119 W 12 mile Rd 34119 W 12 mile Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 300 Suite 300
 City & State City & State
 Farmington MI Farmington, MI
 Zip Country Zip Country
 48331 USA 48331 USA

04152008 Chg-LLC CR2E083 (12/06)
 4. FEI Number Applied For
 52-2403596 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 HARPER, CHERYL A Name
 2230 WOODINGHAM DR. Street Address (P.O. Box Number is Not Acceptable)
 TROY, MICHIGAN, FL 48085 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISBERG, AMIR 5748 TEMPLAR CROSSING WEST BLOOMFIELD, MI 48322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34119 W 12 mile Rd suite 300 Farmington MI 48331
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] Date 4/15/08 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE