

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000033289 1. Entity Name NORTHVIEW ENTERPRISES, LLC			
Principal Place of Business 5748 TEMPLAR CROSSING WEST BLOOMFIELD, MI 48322 US		Mailing Address 5748 TEMPLAR CROSSING WEST BLOOMFIELD, MI 48322 US	
2. Principal Place of Business - No P.O. Box # 34119 W 12 mile Rd Suite, Apt. #, etc. Suite 300 City & State Farmington MI Zip 48331 Country USA		3. Mailing Address 34119 W 12 mile Rd Suite, Apt. #, etc. Suite 300 City & State Farmington, MI Zip 48331 Country USA	
4. FEI Number 52-2403596		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04152008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HARPER, CHERYL A 2230 WOODINGHAM DR. TROY, MICHIGAN, FL 48085		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISBERG, DORIT 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 4/15/08 Daytime Phone #	

60029878

