

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033632

**FILED**  
**Jan 22, 2006**  
**Secretary of State**

**Entity Name:** NORTH ISLAND LLC

**Current Principal Place of Business:**

4100 N HWY A1A  
#413  
FORT PIERCE, FL 34949

**Current Mailing Address:**

4100 N HWY A1A  
#413  
FORT PIERCE, FL 34949

FEI Number: 92-0188775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

4100 N HWY A1A  
APT. # 413  
FORT PIERCE, FL 34949 US

**New Mailing Address:**

4100 N HWY A1A  
APT. # 413  
FORT PIERCE, FL 34949 US

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

GOCOOL, BISHNUDATT F  
4100 N HIGHWAY A1A #413  
FORT PIERCE, FL 34949 US

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

GOCOOL, BISHNUDATT F  
4100 N HIGHWAY A1A  
APT. # 413  
FORT PIERCE, FL 34949 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: \_\_\_\_\_

01/22/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CROCOOL, BISHNUDATT  
Address: 4698 SW HAMMOCK CREEK DR  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GOCOOL, BISHNUDATT F  
Address: 4100 N HWY. A1A, APT. 413  
City-St-Zip: FORT PIERCE, FL 34949 US

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: BISHNUDATT F GOCOOL

MGR

01/22/2006

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