

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90086 005 ****55.00

DOCUMENT # L02000033632

1. Entity Name

NORTH ISLAND LLC



JUUJ00J0

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4698 SW HAMMOCK CREEK DR.

3. Mailing Address

4698 SW HAMMOCK CREEK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM CITY, FL.

City & State

PALM CITY, FL.

4. FEI Number

72-0188715

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BISHNUJATT . F. GOPOOL

Street Address (P.O. Box Number is Not Acceptable)

4698 SW HAMMOCK CREEK DR.

City

PALM CITY

FL

Zip Code

34990

**DO NOT WRITE
IN THIS SPACE**

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

B. F. Gopool

Signature, typed or printed name of registered agent and title if applicable.

2-19-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE: (MANAGER) MGR.
NAME: BISHNUJATT . F. GOPOOL
STREET ADDRESS: 4698 SW HAMMOCK CREEK DR.
CITY-ST-ZIP: PALM CITY, FL. 34990

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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *B. F. Gopool* BISHNUJATT . F. GOPOOL 2-19-03 (772) 2156421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #