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

DO NOT WRITE IN THIS SPACE

0000000

2. Principal	Place of Business	3. Mailing Address			
4698.	SW HAMMOCK CREEK	_	HAMMAL	CREEK DR.	
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	MANIYOUK	_	
	· · · · · · · · · · · · · · · · · · ·			DO NOT WRITE IN TH	HIS SPACE
City & St		City & State		4. FEI Number	
1792	1 CITY, FL.	TALM CITY	FZ.	72-0/88775	Applied For
Zip	Country	Zip	Country		Not Applicable
Zip 3 4	990 USA	34990	454	5. Certificate of Status Desired	\$5.00 Additional Fee Required
				7. Name and Address of Current Registe	
			Name		ned Agent
DO NOT WRITE			SISHMUDATT F. GOCOOL		
			Street Address (P.O. Box Number, is Not Acceptable)		
IN THIS SPACE			TOTASH HAMMOCK CREEK DR.		
*	and the second s	and the state of t			
•			City Registers		Zip Code
8. The above	P named entity submits this statement for	the ourses of shared	IALM	CITY	L 347990
the obliga	itions of registered agent.	the purpose of changing its regis	stered office or register	ed agent, or both, in the State of Florida. I ar	n familiar with, and accept
	000	_			
SIGNATURE	Signatura 1997	and _		2-19-0	> >
	Signature, typed or printed name of registered agent an	d title if applicable.	Salana Hala Ar Dena Cristalitis - Western Cristalitis	2-19-c	
			IS \$50.00		
		Make Check Payable to	Florida Departmer	nt of State	
			BY MAY 1		
9.	MANAGING MEMBER	S/MANAGERS			
TITLE	(MANACIER) LIKIK		nne		
NAME	SISHNULLATY. L	Cancan (NAME		
STREET ADDRESS	4698 SW HAMM	OCK CREK CO	STREET ADDRESS		
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NAME			NAME		
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 I hereby ce indicated o 	rtify that the information supplied with this	s filing does not qualify for the ex	emption stated in Secti	on 119.07(3)(i). Florida Statutes I further ce	

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

Date

772)21564