


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90319 027 ***138.75

DOCUMENT # L03000000862 1. Entity Name NORTH PINWOOD PROPERTY LIMITED LIABILITY COMPANY	
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Principal Place of Business PO BOX 432 WEST PALM BEACH, FL 33402	Mailing Address PO BOX 432 WEST PALM BEACH, FL 33402
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 75-3095644	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MUSGROVE, CHARLES 2328 S CONGRESS AVE STE 1D WEST PALM BEACH, FL 33406
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLICK, CARL A R.TRUST PO BOX 432 WEST PALM BEACH, FL 33402
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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: <u>Carl A. Flick</u> 4/17/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
