2005 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # L03000006488 NORTHSTAR HOLDINGS AT B AND A, LLC

Mailing Address

Principal Place of Business 14406 MILITARY TRAIL DELRAY BEACH, FL 33484

14406 MILITARY TRAIL DELRAY BEACH, FL 33484

FILED Jan 24, 2005 08:00 AM **Secretary of State**



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 81-0599232 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WORLEY, SCOTT 14406 MILITARY TRAIL DELRAY BEACH, FL 33484

CITY-ST-ZIP

SIGNATURE:

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8. The above the obligat	named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or regis	stered agent, or both, in the Sta	ite of Florida. I am familiar with, and accept
SIGNATURE.			<u>-</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE Registered Agent signature required when reinstating) DATE		DATE
Fi D	iting Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	MGR ETTINGER, DAVID 14406 MILITARY TRAIL DELRAY BEACH, FL 33484		ປິດ 01/25	0000194471 705-80103-017 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WORLEY, SCOTT 14406 MILITARY TRAIL DELRAY BEACH, FL 33484			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS		Ĭ		

11. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of the limited flability company or the receiver of trustee emonywered to execute this report as required by Chapter 608, Florida Statutes.

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