


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000008345**

1. Entity Name  
**ONE NORTHWOOD HILLS LLC**



Principal Place of Business  
**P.O. BOX 1351  
 WEST PALM BEACH, FL 33402**

Mailing Address  
**P.O. BOX 1351  
 WEST PALM BEACH, FL 33402**

**DO NOT WRITE IN THIS SPACE**



01122006No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>57-1156202</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GROVER, SUSAN A  
 2600 NORTH FLAGLER DRIVE #509  
 WEST PALM BEACH, FL 33407**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituted)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

000000401410  
 02/02/06-80043-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROVER, PAUL E GALLEN STREET MARION, MA 02738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROVER, SUSAN A 2600 NORTH FLAGLER DR., #509 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 808, Florida Statutes.

**SIGNATURE:** *Susan A Grover* **1/23/06** **561-820-2483**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #