

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000008818

**FILED**  
**Mar 04, 2007**  
**Secretary of State**

**Entity Name:** FLORIDA'S GREAT NORTHWEST REALTY, LLC

**Current Principal Place of Business:**

525 N. CALHOUN STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

3976 GROVE PARK DRIVE  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

PO BOX 3208  
TALLAHASSEE, FL 32315

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIL, ZIFFER  
PO BOX 3208  
TALLAHASSEE, FL 32315      US

**Name and Address of New Registered Agent:**

GIL, ZIFFER  
3166 BARINGER HILL DRIVE  
TALLAHASSEE, FL 32311      US

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.

SIGNATURE: GIL ZIFFER

03/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR                      ( ) Delete  
Name: GIL, ZIFFER D MR  
Address: 525 N. CALHOUN STREET  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES:**

Title: MGR                      (X) Change ( ) Addition  
Name: GIL, ZIFFER D MR  
Address: 3166 BARINGER HILL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GIL ZIFFER

MGR

03/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date