2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000009947

1. Entity Name
NORTH TIP DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
4300 LEGENDARY DRIVE SUITE 204 DESTIN, FL 32541	4300 LEGENDARY DRIVE SUITE 204 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

01262007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3755013	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OLSON, RICHARD
4300 LEGENDARY DRIVE
SUITE 204
DESTIN, FL 32541

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_____

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

Filing Fee is $50.00
Due by May 1, 2007

U00000708684
04/24/07-80125-006 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	OLSON & ASSOCIATES OF NW FLORIDA, INC.	
STREET ADDRESS	4300 LEGENDARY DRIVE STE 204	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE		
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CITY-ST-ZIP		

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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: _____ 4-6-07 850-650-2658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #