

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90168 001 \*\*\*450.00

<b>DOCUMENT # L03000024956</b> 1. Entity Name <b>NORTHERN WILDERNESS LLC</b>			
Principal Place of Business <b>5941 BERRYHILL ROAD SUITE J MILTON, FL 32570</b>		Mailing Address <b>6223 HIGHWAY 90 BOX 107 MILTON, FL 32570</b>	
2. Principal Place of Business (No P.O. Box) <b>7425 San Ramon Dr.</b>		3. Mailing Address <b>PO Box 592</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Milton, FL</b>		City & State <b>Bagdad, FL</b>	
Zip <b>32583</b>		Zip <b>32530</b>	
Country <b>South Rose</b>		Country <b>South Rose</b>	
4. FEI Number <b>20-0392667</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HUSTON, GARY W 125 WEST ROMANA STREET, SUITE 800 PENSACOLA, FL 32502</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BARRON MANAGEMENT LLC 3158 GATEWAY LANE CANTONMENT, FL 32533</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ <small>SIGNATURE AND TYPE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>03/12/07</b> <small>Daytime Phone #</small>	