

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000025330

**FILED**  
**Jul 13, 2007**  
**Secretary of State**

**Entity Name:** NORTHERN JACKSONVILLE ENTERPRISE LLC

**Current Principal Place of Business:**

1274 LANIER RD  
NORTHERN JACKSONVILLE, FL 32226

**New Principal Place of Business:**

**Current Mailing Address:**

1055 NORTH EAST 125TH STREET  
NORTH MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 20-0080467      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MICHAEL I. BERNSTEIN, P.A.  
1680 MICHIGAN AVE.  
SUITE 736  
MIAMI BEACH, FL 33139 US

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

MICHAEL I. BERNSTEIN, P.A.  
1688 MERIDIAN AVENUE  
SUITE 418  
MIAMI BEACH, FL 33139 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: \_\_\_\_\_

07/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: NORTHERN JACKSONVILL, E ENTERPRISE L L C  
Address: 12740 LANIER RD  
City-St-Zip: JACKSONVILLE, FL 32226

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANNIE MARESCA

MS.

07/13/2007

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