

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

**Feb 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # L03000029199 1. Entity Name NORTH FLORIDA PROPERTY INVESTORS, LLC	
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Principal Place of Business 126 FLORIDIAN CLUB ROAD WELAKA, FL 32193	Mailing Address P.O. BOX 106 WELAKA, FL 32193
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1024107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, WILLIAM K
303 STATE ROAD 26
MELROSE, FL 32666

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

Filing Fee is \$50.00 Due by May 1, 2007

U00000620940
02/09/07-80057-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FUGATE, HERMAN E P.O. BOX 106 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITEHEAD, JOSEPH M 897 GRAND RAPIDS BLVD. NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORDON, WILLIAM K 303 STATE ROAD 26 MELROSE, FL 32666
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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 636, Florida Statutes.

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