


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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

| | |
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| 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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02012007 No Chg-LLC

CR2E083 (11/05)

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

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| 6. Name and Address of Current Registered Agent GORDON, WILLIAM K 303 STATE ROAD 26 MELROSE, FL 32666 |
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**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**

U000000620940
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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 # _____