2005 LIMITED LIABILITY COMPANY

FILED May 02, 2005 08:00 AM

A	NNUAL REPORT		Comment	CO1-1-1-
DOCUMENT # LO	3000037338		Secreta	ary of State
1. Entity Name NORTH LAKELAND GEN	IERAL PROPERTY, LLC			
Principal Place of Business	Mailing Address		1	
731 JAMESTOWN DR. WINTER PARK, FL 32792	731 JAMESTOWN DR. WINTER PARK, FL 327	3 2		
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DO NOT V	NRITE IN THIS S	PACE	4. FEI Number	Applied For
<u>पराक्रम हैं , 20 र पंथर ,</u>	the one commenced that the commentation are considered to the contract of the	The state of the s	20-0269442	Not Applicable
	with the same of t		5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Addr	ess of Current Registered Agent			
MAHAFFEY, JAMES W 731 JAMESTOWN DR. WINTER PARK, FL 32792			DO NOT WRI	TE
		!		
			IN THIS SPACE	ĴΕ
8. The above named entity submits t	his statement for the purpose of changing its	egistered office or register	ed agent, or both, in the State of Florida.	am familiar with, and accept
the obligations of registered agent	t.			
SIGNATURE Signature, typed or printed name	e of registered agent and title if applicable. (NOTE	Registered Agent signature required	when reinstating) Do	ATÉ
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Due by May 1, 200	5			
9. MAN	AGING MEMBERS/MANAGERS			Account of the contraction of th
TITLE MGRM			And the second s	the second secon
NAME MAHAFFEY, JAME STREET ADDRESS 731 JAMESTOWN				
CITY-ST-ZIP WINTER PARK, FL		**************************************	· ************************************	
TITLE MGRM		***************************************	and the same of th	
NAME MAHAFFEY, MARK			U00000358	
STREET ADDRESS 3700 POMPANO D CITY-ST-ZIP ST PETERSBURG,	the state of the s		05/04/05-801	30-024 50.00
TITLE ST FETERSBORG,	, FE 33703	-	3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	المستقدين المستقدين المستقدين المستقدين المستقدين المستقدين المستقدين المستقدات المستقدات المستقدات المستقدات ا
NAME	-	. "		
STREET ADDRESS	_		DO NOT WRI	TE
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NAME STREET ADDRESS		l		<i>:</i>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-22-05

407-677-0650

Daytime Phone #

James W. Mahaffay