2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037867

1. Entity Name
NORTHSTARS INVESTMENT PARTNERS, LLC

Principal Place of Business	Mailing Address
P.O. BOX 2612 PALM CITY, FL 34991	P.O. BOX 2612 PALM CITY, FL 34991

01172006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0289445
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RODGERS, J. MARK
1730 SW CRANE CREEK AVE.
PALM CITY, FL 34990

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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RODGERS, J. MARK
STREET ADDRESS	P.O. BOX 2612
CITY-ST-ZIP	PALM CITY, FL 34991
TITLE	MGR
NAME	FLEMING, GARY
STREET ADDRESS	P.O. BOX 2612
CITY-ST-ZIP	PALM CITY, FL 34991
TITLE	MGR
NAME	FLEMING, CARL
STREET ADDRESS	P.O. BOX 2612
CITY-ST-ZIP	PALM CITY, FL 34991
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000401280
02/02/06-80037-018 50.00

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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 608, Florida Statutes.

SIGNATURE: _____ 1/20/06 772/287-9192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #