2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L03000039127

Entity Name: NORTHBRIDGE INVENTORY MANAGEMENT, LLC

Current Principal Place of Business:

3300 NE 41ST PLACE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

3300 NE 41ST PLACE
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-0300090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWANSON, VIVIEN L
21635 NW 75TH AVE RD
MICANOPY, FL 32617 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SWANSON, EDWARD R
Address: 3300 NE 41ST PLACE
City-St-Zip: OCALA, FL 34470

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MRG ( ) Change (X) Addition
Name: SWANSON, VIVIEN L
Address: 21635 NW 75TH AVE RD
City-St-Zip: MICANOPY, FL 32667

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VIVIEN L SWANSON MGR 04/29/2005

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