
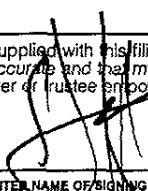


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000041019		
1. Entity Name NORTH FLORIDA BUILDING PARTNERS, L.C.		
Principal Place of Business 6420 N.W. 9TH BOULEVARD GAINESVILLE, FL 32605	Mailing Address 6420 N.W. 9TH BOULEVARD GAINESVILLE, FL 32605	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DEARDOURFF, STEPHEN L M.D. 6420 N.W. 9TH BOULEVARD GAINESVILLE, FL 32605		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing statement)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
1100000403681 02/06/06-80017-005 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEARDOURFF, STEPHEN 6420 NW 9 BLVD GAINESVILLE, FL 32605	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIMMONS, JOHN W 6420 NW 9 BLVD GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSISI, CHRISTOPHER 6420 NW 9 BLVD GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  1/2 5/16 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		