

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055352

Entity Name: NORTH PORT I, LLC

FILED  
Mar 04, 2009  
Secretary of State

**Current Principal Place of Business:**

7331 OFFICE PARK PLACE, STE 200  
VIERA, FL 32940

**New Principal Place of Business:**

7777 N. WICKHAM ROAD 12-317  
MELBOURNE, FL 32940

**Current Mailing Address:**

7331 OFFICE PARK PLACE, STE 200  
VIERA, FL 32940

**New Mailing Address:**

7777 N. WICKHAM ROAD 12-317  
MELBOURNE, FL 32940

FEI Number: 20-0521205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RENFRO, ROBERT M  
7331 OFFICE PARK PLACE, STE 200  
VIERA, FL 32940 US

**Name and Address of New Registered Agent:**

RENFRO, ROBERT M  
7777 N. WICKHAM ROAD 12-317  
MELBOURNE, FL 32940 US

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:

03/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RENFRO, ROBERT  
Address: 7331 OFFICE PK PLACE #200  
City-St-Zip: VIERA, FL 32940

Title: MGRM ( ) Delete  
Name: EULER, ERNEST E  
Address: 7331 OFFICE PK PLACE #200  
City-St-Zip: VIERA, FL 32940

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BERNIE BROOKS

PM

03/04/2009

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