FILED
May 16, 2007 8:00 am
Secretary of State

04-11-2007 90158 020 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000002142

1. Entity Name
NORTHRIDGE INVESTMENT, L.L.C.

30000013

Principal Place of Business	Mailing Address
12800 UNIVERSITY DRIVE SUITE 275 FORT MYERS, FL 33907 US	12800 UNIVERSITY DRIVE SUITE 275 FORT MYERS, FL 33907 US

2. Principal Place of Business / 3. Mailing Address

Suite, Apt. #, etc.

City & State: 3333 NEW HYDE PARK RD SUITE 100
NEW HYDE PARK, NY 11042-0020

Zip / Country

02132007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-0734741 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PREISS, MICHELLE A
12800 UNIVERSITY DRIVE
SUITE 275
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☒ Delete
NAME	BUIGAS, OJ	
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 275	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10.

TITLE	its Managing Member	☐ Change ☒ Addition
NAME	Northridge Investment Manager LLC	
STREET ADDRESS	3333 NEW HYDE PARK RD SUITE 100	
CITY-ST-ZIP	NEW HYDE PARK, NY 11042-0020	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
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: [signature] 4/11/07 516 869 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #

By: Northridge Investment Manager LLC its Managing Member
By: Northridge/Nine Street Holdco LLC
By: KUBS Income Fund II Business Trust.