

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025405

FILED
Apr 29, 2006
Secretary of State

Entity Name: TRUE NORTH INVESTMENTS LLC

Current Principal Place of Business:

5233 BRIGHTON SHORE DRIVE
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

5233 BRIGHTON SHORE DRIVE
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 33-1089104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSE, ROBERT
5233 BRIGHTON SHORE DR.
APOLLO BEACH, FL 33572 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/MANAGERS:

Title: MGRM () Delete
Name: MASSE, ROBERT
Address: 5233 BRIGHTON SHORE DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGRM () Delete
Name: MASSE, CARLA
Address: 5233 BRIGHTON SHORE DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGRM () Delete
Name: POTTER, GREGG
Address: 317 ANTHONY STREET
City-St-Zip: SEEKONK, MA 02771

Title: MGRM () Delete
Name: POTTER, SUZANNE
Address: 317 ANTHONY STREET
City-St-Zip: SEEKONK, MA 02771

Title: MGRM () Delete
Name: MASSE, SCOTT
Address: 12 PEABODY SQUARE
City-St-Zip: PEABODY, MA 01960

Title: MGRM () Delete
Name: WARMKA, SCOTT
Address: 616 CHICAGO DRIVE
City-St-Zip: BURNSVILLE, MN 55306

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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 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: ROBERT MASSE

MGRM

04/29/2006

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