2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L04000025405

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ROBERT MASSE MGMR 05/01/2007

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