#### **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

### DOCUMENT # L04000028834

1. Entity Name

**STE 107** 

NORTH CAMPUS, LLC

6101 GAZEBO PARK PL N

JACKSONVILLE, FL 32257

Principal Place of Business Mailing Address

> STE 107 JACKSONVILLE, FL 32257

6101 GAZEBO PARK PL N

# **FILED** Jul 27, 2006 8:00 am Secretary of State

07-27-2006 90080 021 \*\*\*\*50.00



### DO NOT WRITE IN THIS SPACE

Brian Geor

07112006 No Chg-LLC

CR2E083 (11/05)

859-578-4200

4. FEI Number	 Applied For	
<u>56-2442210</u>	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHEFFIELD & BOATRIGHT, P.A. 6101 GAZEBO PARK PLACE STE 101 JACKSONVILLE, FL 32257

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE				
0.0	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi Due l	ling Fee is \$50.00 by September 6, 2006			
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHACTER, DAVID 6101 GAZEBO PARK PL N STE 107 JACKSONVILLE, FL 32257			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
i macatec	ion this report is true and accurate and that my signature :	t qualify for the exemptions contained in Chapter 119, Florida Sta shall have the same legal effect as if made under oath; that I am recute this report as required by Chapter 608, Florida Statutes.	tutes. I further certify that the information a managing member or manager of the	

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