FILED Apr 04, 2005 8:00 am Secretary of State

2005	LIMITED	LIABII	LITY CO	MPANY
	ANNL	JAL RE	EPORT	

DOCUMENT # L04000041557 1. Entity Name NORTH PORT DISTRIBUTION, LLC						04-04-200	05 90432	034 ***1	58.75		
Principal Place of Business 18500 VETERANS PARKWAY PORT CHARLOTTE, FL 33948			Mailing Address 18500 VETERANS PARKWAY PORT CHARLOTTE, FL 33948			III Beny bibn beni bebi bi	<u> </u>		int i ili in t i		
2. Principal Place of Business			3. Mailing Address			-					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03302005	Chg-LLC	CR2E	083 (10/03)		
City & State			City & State			4. FEI Numb	718974	17		pplied For at Applicable	
Zip		Country		Zip Coun		ntry	5. Certificat	5. Certificate of Status Desired \$5.00 Addition Fee Required			
6. Name and Address of Current Registered Agent			egistered Agent		Name	7. Name an	d Address of New	Registered	Agent		
SORENSE	EN. BARBA	ARA E		. - •		Name:				· • • · ·	
SORENSEN, BARBARA E 1841 SILVER PALM ROAD NORTH PORT, FL FL			Street Addres		Street Address	(P.O. Box Numl	ber is Not Acceptab	le)			
											ŀ
						City			FL	Zip Code	9
	named entit		ment for t	the purpose of changing its	s register	ed office or regist	ered agent, or b	oth, in the State of F	lorida. Lam	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of regulter	red agent and	d title if applicable. (NO	F: Registere	, id Agent signature requir	ad when reinstatino)		DATE		
							,				
Filing Fee is \$50.00 Due by May 1, 2005								ke check p la Departn	ent of State	•	
9.	,	MANAGING I	MEMBER	S/MANAGERS	10.			ADDITIONS	/CHANGE	3	
TITLE NAME	MGRM	EN, BARBARA E	:	☐ Delete	TITL			-		☐ Change	☐ Addition
STREET ADDRESS	ľ	/ER PALM ROAD				EET ADORESS					
CITY-ST-ZIP	NORTH F	ORT, FL 34288			CITY	-ST-ZIP					
TITLE				☐ Delete	ŦITL	l .				☐ Change	☐ Addition
NAME STREET ADDRESS					NAM STRI	EET ADORESS					
CITY-ST-ZIP			•			-ST-ZIP					
TITLE				☐ Delete	ŤIŤL					☐ Change	Addition
NAME STREET ADORESS					NAM STR	IE EET ADORESS					
CITY-ST-ZIP				-		-ST-ZIP					
LULTE				☐ Delete	tiπι					Change	Addition
NAME STREET ADORESS				•	NAM STR	IE EET ADORESS					
CITY-ST-ZIP		•				-ST-ZIP					
TITLE				☐ Delete	TITE	E				☐ Change	Addition
NAME CERCET LODGECC		•			NAM	EET ADDRESS					.
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP					ļ
TITLE				☐ Delete	TITL	E				☐ Change	Addition
NAME					NAM						ĺ
STREET ADDRESS CITY-ST-ZIP						EET ADORESS '-ST-ZIP			-		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: 100 / 1000 AY 3/3/05 941-439-3407											