


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-04-2005 90432 034 ***158.75

DOCUMENT # L04000041557					
1. Entity Name NORTH PORT DISTRIBUTION, LLC					
Principal Place of Business 18500 VETERANS PARKWAY PORT CHARLOTTE, FL 33948			Mailing Address 18500 VETERANS PARKWAY PORT CHARLOTTE, FL 33948		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03302005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1189747				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SORENSEN, BARBARA E 1841 SILVER PALM ROAD NORTH PORT, FL FL			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SORENSEN, BARBARA E 1841 SILVER PALM ROAD NORTH PORT, FL 34288	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			SIGNATURE: <i>[Signature]</i> Date: 3/3/05 Daytime Phone #: 941-429-2407		