

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000042259

1. Entity Name

NORTH POINTE CENTER LLC



Principal Place of Business

**87 TUPELO DRIVE
CRAWFORDVILLE, FL 32327 US**

Mailing Address

**PO BOX 208
CRAWFORDVILLE, FL 32326 US**



01172006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHUFF, JOHN W III
87 TUPELO DRIVE
CRAWFORDVILLE, FL**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME YAWN, RAY
STREET ADDRESS 213 DAUGHTRY DR.
CITY-ST-ZIP SOPCHOPPY, FL 32358

TITLE MGR
NAME SHUFF, JOHN
STREET ADDRESS 87 TUPELO DR.
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE
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STREET ADDRESS
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02/01/06-80027-002 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-17-06

Date

850-962-7878

Daytime Phone #