

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90027 049 ****50.00

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**



01042007No 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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Joseph P. Yawn
Joseph P. Yawn

1-4-07

Date

850-926-3989

Daytime Phone #