


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000054429 1. Entity Name 755 BROAD COURT NORTH LLC	
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Principal Place of Business 7206 MILL RUN CIRCLE NAPLES, FL 34109	Mailing Address 7206 MILL RUN CIRCLE NAPLES, FL 34109
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03082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1402518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CEDERQUIST, EDWARD 7206 MILL RUN CIRCLE NAPLES, FL 34109

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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 E. Cederquist 3/14/07
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 PETRILLO, ERICO 12 STAFFORD ROAD LYNNFIELD, MA 01940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CEDERQUIST, EDWARD A 7206 MILL RUN CIRCLE NAPLES, FL 34109
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<p style="text-align: right;">000000663036 03/27/07-80056-001 50.00</p> <p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p>
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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: E. Cederquist 3/14/07 239-593-0663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #