


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90032 003 ****50.00

DOCUMENT # L04000066689		
1. Entity Name NORTHEAST TERRITORY, LLC		

Principal Place of Business 315 S. HYDE PARK AVE. TAMPA, FL 33606	Mailing Address 315 S. HYDE PARK AVE. TAMPA, FL 33606
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2. Principal Place of Business 3526 Trillium Ct. Suite, Apt. #, etc.	3. Mailing Address 3526 Trillium Ct. Suite, Apt. #, etc.
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City & State Tallahassee, Florida	City & State Tallahassee, Florida
Zip 32312	Country US



01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1700294	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HINES, JAMES P 315 S. HYDE PARK AVE. TAMPA, FL 33606	

7. Name and Address of New Registered Agent	
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, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRALEY, STEVEN M 3526 TRILLIUM CT. TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steven M. Fraley **3/27/06** **850-878-1474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
HINES NORMAN HINES, P.L.

20020098
104000066669

ATTORNEYS AT LAW

**JAMES P. HINES
RANDY MILLER
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**OFFICES IN:

TAMPA
SUN CITY CENTER**

April 10, 2006

DELIVERED BY CERTIFIED MAIL # 7005 2570 0001 2061 0860

PERSONAL & CONFIDENTIAL

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

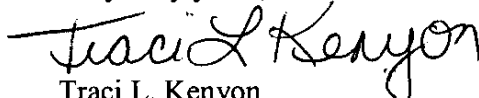
Re: Northeast Territory, LLC

Dear Sir:

We have enclosed for filing on behalf of the above-referenced limited liability company its 2006 Limited Liability Company Annual Report, along with a check in the amount of \$50.00 to cover the filing fee.

Thank you for your attention to this matter. If you have any questions please call our office.

Very truly yours,



Traci L. Kenyon
Legal Assistant to Judy Karniewicz

JPH/JK:tlk
Enclosures
cc: Steve Fraley (with enclosures)