

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000077888</b> 1. Entity Name NORTHERN LIGHTS CONSTRUCTION & DEVELOPMENT, L.L.C.	
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Principal Place of Business 221 GOLDEN OAKS LANE ST. AUGUSTINE, FL 32080	Mailing Address 221 GOLDEN OAKS LANE ST. AUGUSTINE, FL 32080
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**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 76-0770584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  MOYER, AARON R 221 GOLDEN OAKS LANE ST. AUGUSTINE, FL 32080
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MOYER, AARON R 221 GOLDEN OAKS LANE ST. AUGUSTINE, FL 32080
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05/16/07-80031-004 50.00

**DO NOT WRITE  
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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:** X *Aaron R. Moyer* X 4/21/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #