


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90297 037 \*\*\*\*50.00

<b>DOCUMENT # L04000078677</b>	
1. Entity Name <b>NORTHPOINT 45TH LLC</b>	

Principal Place of Business <b>9200 CHURCH STREET, STE. 400 ATTN:DANIEL G. HAYES, ESQ. MANASSAS VA 20110-5561</b>	Mailing Address <b>9200 CHURCH STREET, STE. 400 ATTN:DANIEL G. HAYES, ESQ. MANASSAS VA 20110-5561</b>
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2. Principal Place of Business <b>104 Woodmont Blvd Suite, Apt. #, etc. Suite 410</b>	3. Mailing Address <b>P.O. - Box 150262 Suite, Apt. #, etc.</b>
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1st MOORE CR2E083 (10/05)

City & State <b>Nashville, TN</b>	City & State <b>Nashville TN</b>
Zip <b>37205</b>	Country <b>USA</b>
Zip <b>37205</b>	Country <b>USA</b>

4. FEI Number <b>20-1851706</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KOHN, ROBERT M 6010 SHERWOOD GLEN WAY WEST PALM BEACH FL 33415</b>	
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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
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<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b></p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLINGHAM, BEN H III 9200 CHURCH STREET, STE. 400 MANASSAS VA 20110-5561 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYES, DANIEL G 9200 CHURCH STREET, STE. 400 MANASSAS VA 20110-5561 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3616 Bowlingate Lane Nashville, TN. 37215</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	Date <b>3-7-06</b>	Daytime Phone # <b>615-480-4743</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		