


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90057 033 \*\*\*138.75

<b>DOCUMENT # L04000083786</b> 1. Entity Name <b>TOMOKA EYE PROPERTIES NORTH, LLC</b>																																																																																																																																																											
Principal Place of Business <b>345 CLYDE MORRIS BLVD SUITE 330 ORMOND BEACH, FL 32174</b>			Mailing Address <b>345 CLYDE MORRIS BLVD SUITE 330 ORMOND BEACH, FL 32174</b>																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																																																																								
6. Name and Address of Current Registered Agent  <b>MAKOWSKI, MICHAEL K 345 CLYDE MORRIS BLVD STE 330 ORMOND BEACH, FL 32174</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. 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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.																																																																																																																																																											
<b>SIGNATURE:</b> _____ <b>4/23/08</b> <b>(386)672-4232</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																																																																																																											

**60030768**



04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**NOT APPLICABLE**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required