

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000084985					
1. Entity Name NORTH FLORIDA REAL ESTATE HOLDINGS, LLC					
Principal Place of Business 221 N HOGAN STREET, SUITE 111 JACKSONVILLE, FL 32202			Mailing Address 221 N HOGAN STREET, SUITE 111 JACKSONVILLE, FL 32202		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRIAN K. MCMAHON, P.A. 7301-A W. PALMETTO PARK ROAD, STE 305-C BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name <u>Glenn Mee</u> Street Address (P.O. Box Number is Not Acceptable) <u>2125 Blue Heron Cove DR.</u> City <u>Orange Park</u> FL Zip Code <u>32003</u>	
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 <u>Glenn Mee</u> <u>Glenn Mee</u> <u>4-21-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete FRIEDMAN, ABRAHAM 221 N HOGAN STREET, SUITE 111 JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; text-align: center;"> 500076203185 06/14/06--01036--007 **550.00 </div>	
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	
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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: <u>Abraham Friedman</u> <u>4-21-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202006 Chg-LLC CR2E083 (11/05)