

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90018 013 \*\*\*\*50.00

**DOCUMENT # L04000085037**

1. Entity Name  
**NORTHLAKE SQUARE EAST, LLC**



Principal Place of Business  
**101 PLAZA REAL SOUTH  
200  
BOCA RATON, FL 33432**

Mailing Address  
**101 PLAZA REAL SOUTH  
200  
BOCA RATON, FL 33432**

**20045564**



05012006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**65-1039921**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CAROSELLA, JOE  
101 PLAZA REAL SOUTH  
200  
BOCA RATON, FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

**101 PLAZA REAL SOUTH, SUITE 200**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Joe Carosella**

**May 1, 2006**

**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  
**MGRM  
NORTHLAKE INVESTORS EAST, LLC  
101 PLAZA REAL SOUTH, SUITE 200  
BOCA RATON, FL 33432** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Joe Carosella**

**May 1, 2006**

**561-961-1733**

Date

Daytime Phone #