

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090073

FILED
Apr 26, 2006
Secretary of State

Entity Name: NORTH PORT LAND ACQUISITIONS, LLC

Current Principal Place of Business:

1520 PALM SQUARE BLVD., STE. 360
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1520 PALM SQUARE BLVD., STE. 360
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 01-0825353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, BOWEN A ESQ
1520 ROYAL PALM SQUARE BLVD.
360
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARNOLD, BOWEN A
Address: 1520-360 ROYAL PALM SQUARE BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: MILLER, EIRC C
Address: 1520-360 ROYAL PALM SQUARE BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: M () Delete
Name: HARDING, NEAL
Address: 2509 PLANTSIDE DRIVE
City-St-Zip: LOUISVILLE, KY 40229

Title: M () Delete
Name: WHIPPLE, MICHAEL
Address: 3520 CHAMBERLAIN LANE
City-St-Zip: LOUISVILLE, KY 40241

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BOWEN A. ARNOLD

MGRM

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date