

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090073

FILED
Jul 24, 2007
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 ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES:

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

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

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

MGMR

07/24/2007

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