

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090073

FILED
Mar 16, 2009
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:

1520 PALM SQUARE BLVD.
SUITE 320
FORT MYERS, FL 33919

Current Mailing Address:

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

New Mailing Address:

1520 PALM SQUARE BLVD.
SUITE 320
FORT MYERS, FL 33919

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:

ARNOLD, BOWEN A ESQ
1520 ROYAL PALM SQUARE BLVD.
SUITE 240
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:

03/16/2009

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: MGRM (X) Change () Addition
Name: ARNOLD, BOWEN A
Address: 1520-240 ROYAL PALM SQUARE BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM (X) Change () Addition
Name: MILLER, EIRC C
Address: 1520-320 ROYAL PALM SQUARE BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: MGR (X) Change () Addition
Name: HARDING, NEAL
Address: 2509 PLANTSIDE DRIVE
City-St-Zip: LOUISVILLE, KY 40229

Title: MGR (X) Change () Addition
Name: WHIPPLE, MICHAEL
Address: 3520 CHAMBERLAIN LANE
City-St-Zip: LOUISVILLE, KY 40241

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

MGRM

03/16/2009

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