


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90074 029 ****50.00

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|--|--|---------------------|---|---|--|
| DOCUMENT # L04000090674 1. Entity Name TRUE NORTH DEVELOPMENT, LLC | | | |  | |
| Principal Place of Business 1200 SANDY LANE AVENUE LONGWOOD, FL 32779 | | | Mailing Address PO BOX 177 WINTER PARK, FL 32789 32790 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-2020561 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| DANIELS, JERE 250 PARK AVENUE SOUTH WINTER PARK, FL 32789 | | | | Name WHWW, INC. Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE., SUITE 1500 City ORLANDO FL Zip Code 32801 | |
| 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 <i>By: Debbie Fricke</i> DEBBIE FRICKE, VP DATE 4/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 HOLT INVESTMENTS LLC 4640 LAUREL ROAD WINTER PARK, FL 32789 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1807 E. WINTER PARK ROAD ORLANDO, FL 32803 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>[Signature]</i> | | | Date 4/28/06 Daytime Phone # 407.645.5777 | | |