2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

DOCUMENT# L05000003523

Entity Name: NORTHPROP, LLC

Current Principal Place of Business:

1390 S. DIXIE HWY., STE 1105
CORAL GABLES, FL 33146

New Principal Place of Business:

1390 S. DIXIE HWY
1105
CORAL GABLES, FL 33146

Current Mailing Address:

1390 S. DIXIE HWY., STE 1105
CORAL GABLES, FL 33146

New Mailing Address:

1390 S. DIXIE HWY
1105
CORAL GABLES, FL 33146

FEI Number: 54-2169773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SKINNER, TRUMAN A
1390 S. DIXIE HWY., STE 1105
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

SKINNER, TRUMAN A
1390 S. DIXIE HWY.
1105
CORAL GABLES, FL 33146 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: _____ 03/30/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SKINNER, TRUMAN A
Address: 1390 S. DIXIE HWY., STE 1105
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete
Name: WHITE, HAROLD D
Address: 1390 S. DIXIE HWY., STE 1105
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete
Name: MCBRIDE, BRIAN A
Address: 1390 S. DIXIE HWY., STE 1105
City-St-Zip: CORAL GABLES, FL 33146

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:

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: TRUMAN A. SKINNER MGR 03/30/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date