

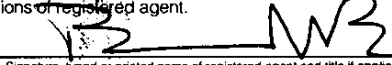



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90015 043 \*\*\*138.75

<b>DOCUMENT # L05000003523</b> 1. Entity Name <b>NORTHPROP, LLC</b>					
Principal Place of Business <b>500 S DIXIE HWY STE 307 CORAL GABLES, FL 33146</b>			Mailing Address <b>1390 S. DIXIE HWY 1105 CORAL GABLES, FL 33146</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State		3. Mailing Address <b>500 S. Dixie Hwy. Suite 307 Coral Gables, FL.</b>			
Zip <b>33146</b>		Country <b>U.S.A.</b>		02252008 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>54-2169773</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>SKINNER, TRUMAN A 500 S DIXIE HWY STE 307 CORAL GABLES, FL 33146</b>			7. Name and Address of New Registered Agent Name <b>McBride, Brian</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 S. Dixie Hwy. Suite 307</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33146</b>		
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 		<b>Brian McBride</b>		<b>3/7/08</b> <small>DATE</small>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKINNER, TRUMAN A 500 S DIXIE HWY STE 307 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, HAROLD D 500 S DIXIE HWY STE 307 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCBRIDE, BRIAN A 500 S DIXIE HWY STE 307 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		<b>Brian A. McBride</b>		<b>3/7/08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<b>305-740-5799</b> <small>Daytime Phone #</small>	