2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000008736

NORTH PORT LOTS, LLC

FILED May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

555 WEST 57TH STREET, SUITE 1325 NEW YORK, NY 10019

Mailing Address

555 WEST 57TH STREET, SUITE 1325

NEW YORK, NY 10019



04302008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	20-2312100

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

BOBKO, ARTUR 2916 WOODCREST DRIVE SARASOTA, FL 34239

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8. The above the obligat	named entity submits this statement for the purpose of chairons of registered agent.	nging its registered office or	registered agent, or both, in the Sta	ate of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			re required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANDELL, ARNOLD 555 WEST 57TH STREET, SUITE 1325 NEW YORK, NY 10019		U(05/28)0000941846 3/08-80121-020 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZiP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE