

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90031 033 ****50.00

DOCUMENT # L05000013346

1. Entity Name
85 NORTH, L.L.C.



Principal Place of Business
25 WALTER MARTIN RD NE
SUITE 101
FT. WALTON BEACH, FL 32548

Mailing Address
25 WALTER MARTIN RD NE
SUITE 101
FT. WALTON BEACH, FL 32548

2. Principal Place of Business
909 Mar Walt Drive

3. Mailing Address
909 Mar Walt Drive

Suite, Apt. #, etc.
Suite 1014

Suite, Apt. #, etc.
Suite 1014

03142006 Chg-LLC CR2E083 (11/05)

City & State
Ft. Walton Beach, FL

City & State
Ft. Walton Beach, FL

4. FEI Number
20-2354137

Applied For
Not Applicable

Zip
32547

Country
Okaloosa

Zip
32547

Country
Okaloosa

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERMANN, RICHARD P
25 WALTER MARTIN RD NE
SUITE 101
FT. WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent

Name PETERMANN, RICHARD P.

Street Address (P.O. Box Number is Not Acceptable)
909 Mar Walt Drive

Suite 1014

City Ft. Walton Beach FL Zip Code 32547

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

4/12/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PETERMANN, RICHARD P ☐ Delete
STREET ADDRESS 25 WALTER MARTIN RD NE
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☐ Addition
NAME Petermann, Richard P. XXX
STREET ADDRESS 909 Mar Walt Drive, Suite 1014
CITY-ST-ZIP Ft. Walton Beach, FL 32547

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

4/12/06

(850) 863-4064

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

Date

Daytime Phone #