# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 25, 2006**
**Secretary of State**

DOCUMENT# L05000022414

**Entity Name:** 1520 NORTHGATE, LLC

**Current Principal Place of Business:**

1005 RIVERSIDE DRIVE
PALMETTO, FL 34221

**New Principal Place of Business:**

1001 RIVERSIDE DRIVE
PALMETTO, FL 34221

**Current Mailing Address:**

1005 RIVERSIDE DRIVE
PALMETTO, FL 34221

**New Mailing Address:**

1001 RIVERSIDE DRIVE
PALMETTO, FL 34221

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

**Name and Address of Current Registered Agent:**

WAGNER, E. JOHN II
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

VANDERNOORD, HARRY
1001 RIVERSIDE DRIVE SUITE 200
PALMETTO, FL 34221 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: HARRY VANDERNOORD 04/25/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition
Name: VANDERNOORD, HARRY
Address: 1001 RIVERSIDE DRIVE SUITE 200
City-St-Zip: PALMETTO, FL 34221

Title: MGRM ( ) Change (X) Addition
Name: VANDERNOORD, PETER
Address: 1001 RIVERSIDE DRIVE SUITE 200
City-St-Zip: PALMETTO, FL 34221

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: HARRY VANDERNOORD MGRM 04/25/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date