

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024266

**FILED**  
**Feb 21, 2006**  
**Secretary of State**

**Entity Name:** NORTH STAR FORWARDING SOLUTIONS, LLC

**Current Principal Place of Business:**

POST OFFICE BOX 28639  
JACKSONVILLE, FL 322268639

**New Principal Place of Business:**

8693 MARITIME ST  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

POST OFFICE BOX 28639  
JACKSONVILLE, FL 32226

**New Mailing Address:**

FEI Number: 20-2488927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LINDEBACK, MAGNUS B  
5860-2 WILLIAM MILLS STREET  
JACKSONVILLE, FL 32226 US

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

LINDEBACK, MAGNUS B  
8693 MARITIME ST  
JACKSONVILLE, FL 32226 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: \_\_\_\_\_

02/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LINDEBACK, MAGNUS B  
Address: 5860-2 WILLIAM MILLS STREET  
City-St-Zip: JACKSONVILLE, FL 32226

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LINDEBACK, MAGNUS B  
Address: 8693 MARITIME ST  
City-St-Zip: JACKSONVILLE, FL 32226

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: MAGNUS B LINDEBACK

MGRM

02/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date