2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000025890

1. Entity Name
TRUE NORTH ENTERPRISES, LLC

Principal Place of Business	Mailing Address
PO BOX 18656 SARASOTA, FL 34276	PO BOX 18656 SARASOTA, FL 34276

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01092007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

ANDREW T. BABIAK
5270 VISIONARY COURT
SARASOTA, FL 34233

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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 _____

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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BABIAK, ANDREW
STREET ADDRESS	PO BOX 18656
CITY-ST-ZIP	SARASOTA, FL 34276
TITLE	MGR
NAME	BABIAK, LESLIE
STREET ADDRESS	PO BOX 18656
CITY-ST-ZIP	SARASOTA, FL 34276
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Andrew Babiak_   1/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #