

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90035 033 \*\*\*138.75

<b>DOCUMENT # L05000027720</b> 1. Entity Name NORTH PORT HOLDINGS, LLC			
Principal Place of Business 333 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236 US		Mailing Address 333 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2101 47 <sup>th</sup> Street Sarasota, FL 34234		2101 47 <sup>th</sup> Street Sarasota, FL 34234	
4. FEI Number 20-2544740		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  LAUGHLIN, PETER G 333 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name _____ Street _____ (able) City <b>2101 47<sup>th</sup> Street</b> <b>Sarasota, FL 34234</b> State <b>FL</b> Zip Code _____	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/29/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAUGHLIN, PETER G 333 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2101 47 <sup>th</sup> Street Sarasota, FL 34234 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TANNER, ANDREW 333 SOUTH PINEAPPLE AVE SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2101 47 <sup>th</sup> Street Sarasota, FL 34234 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		PETER G. LAUGHLIN <b>4/29/08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	