

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90181 030 \*\*\*\*55.00

<b>DOCUMENT # L05000035355</b>					
<b>1. Entity Name</b> NORTH FLORIDA PROPERTY SOLUTIONS, LLC					
<b>Principal Place of Business</b> 2387 LAKE HERITAGE DRIVE TALLAHASSEE, FL 32311			<b>Mailing Address</b> 2387 LAKE HERITAGE DRIVE TALLAHASSEE, FL 32311		
<b>2. Principal Place of Business - No P.O. Box #</b> 45 ROGER RD.		<b>3. Mailing Address</b> P.O. Box 1448			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> CRAWFORDVILLE		<b>City &amp; State</b> WOODVILLE		<b>4. FEI Number</b> 20-2659289	
<b>Zip</b> 32327		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BAILEY, BRIAN S 2387 LAKE HERITAGE DRIVE TALLAHASSEE, FL 32311		<b>7. Name and Address of New Registered Agent</b> Name: MICHAEL F. DICKSON Street Address (P.O. Box Number is Not Acceptable): 45 ROGER RD City: CRAWFORDVILLE FL Zip Code: 32327			
<b>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.</b> SIGNATURE: <u>Michael F. Dickson</u> <b>PRESIDENT MGRM</b> <span style="float: right;">FEB 12, 2007</span> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. BAILEY, BRIAN S PRES 2387 LAKE HERITAGE DRIVE TALLAHASSEE, FL 32311 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL F. DICKSON 45 ROGER RD CRAWFORDVILLE FL 32327 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOROTHY L. DICKSON 45 ROGER RD CRAWFORDVILLE FL 32327 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	

**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:**

Michael F. Dickson

FEB 12, 2007 800 509-8074