

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90147 001 \*\*\*100.00

**DOCUMENT # L05000060322**

1. Entity Name  
**NORTH PORT REALTY, L.L.C.**



Principal Place of Business  
**5096 NORTH CRANBERRY BLVD.  
NORTH PORT, FL 34286**

Mailing Address  
**5096 NORTH CRANBERRY BLVD.  
NORTH PORT, FL 34286**

**00000233**



2. Principal Place of Business - No P.O. Box #  
**2100 Constitution Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 135**

City & State

City & State

**Sarasota, FL**

Zip

Country

Zip

Country

**34231**

**USA**

01272007 Chg-LLC CR2E083 (12/06)

4. FEI Number

**55-0900649**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PERIN, WILLIAM E  
5096 NORTH CRANBERRY BLVD.  
NORTH PORT, FL 34286**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE **MGRM** ☐ Delete  
NAME **PERIN, WILLIAM E**  
STREET ADDRESS **5096 NORTH CRANBERRY BLVD.**  
CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** William E. Perin William E. Perin 2-6-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #