

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90150 025 ****50.00

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DOCUMENT # L05000077292 1. Entity Name NORTHWOOD VILLAS, LLC			
Principal Place of Business 4524 GUN CLUB ROAD STE. B WEST PALM BEACH, FL 33415 US		Mailing Address 4524 GUN CLUB ROAD STE. B WEST PALM BEACH, FL 33415 US	
2. Principal Place of Business - No P.O. Box # 1217D So. MILITARY TRAIL Suite, Apt. #, etc.		3. Mailing Address 1217 D So. MILITARY TRAIL Suite, Apt. #, etc. C/O LI REALTY	
City & State WEST PALM BEACH, FL Zip 33415		City & State WEST PALM BEACH, FL Zip 33415	
Country US		Country US	
4. FEI Number 20-3798304		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 DIXON, LI K 4524 GUN CLUB ROAD STE. B WEST PALM BEACH, FL 33415		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAKUPI, LIRIM 632 HIBISCUS ST. WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LI, DIXON 4524 GUN CLUB ROAD WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN WATSON 1217D So. MILITARY TRAIL WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVID McDEVITT 4524 GUN CLUB RD WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEX CACCAVALE 1217D So. MILITARY TRAIL WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEX CACCAVALE 1217D So. MILITARY TRAIL WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DIXON LI Date: 1/15/07 Daytime Phone #: 561-964-3444	