

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90112 020 ****55.00

DOCUMENT # L05000090110

1. Entity Name
NORTHGATE INVESTMENTS, LLC



Principal Place of Business
**3105 W.WATERS AVE
SUITE#315
TAMPA, FL 33614**

Mailing Address
**3105 W.WATERS AVE
SUITE#315
TAMPA, FL 33614**

60039531



2. Principal Place of Business - No P.O. Box #
ONE TAMPA CITY CENTER
Suite, Apt. #, etc.

3. Mailing Address
ONE TAMPA CITY CENTER
Suite, Apt. #, etc.

SUITE 2505
City & State

SUITE 2505
City & State

TAMPA, FL
Zip

TAMPA FL
Zip

33602
Country

33602
Country

U.S.

U.S.

04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3467025

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

**ASSOMULL, RAJ K
3105 W.WATERS AVE
SUITE#315
TAMPA, FL 33614**

Name
PUNWANI, AMEET

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

ONE TAMPA CITY CENTER SUITE 2505
City
TAMPA FL Zip Code
33602

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]
Signature, typed or printed name of registered agent and state if applicable

[Signature]
Ameet A. Punwani

(NOTE: Registered Agent signature required when reinstating)

04/19/07

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ASSOMULL, MALTI R
3105 W.WATERS AVE, SUITE#315
TAMPA, FL 33614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ONE TAMPA CITY CENTER SUITE 2505
TAMPA FL 33602** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ASSOMULL, RAJ K
3105 W.WATERS AVE, SUITE#315
TAMPA, FL 33614** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ONE TAMPA CITY CENTER SUITE 2505
TAMPA FL 33602** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/07

DATE

813-600-2984

DAYTIME PHONE #