2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 08:00 AN Secretary of State

| DOC | JN | ΛFN | IT | # | 1.05 | 500 | OO: | 90 | 76 | 5 |
|-----|----|----------|----|-------|------|-----|-----|----|-----|---|
| - | | /I L I 1 | | π | - | ,,, | v. | | , , | • |

1. Entity Name

GAINESVILLE LAND INVESTORS NORTH, L.L.C.



Principal Place of Business

Mailing Address

2033 WOOD ST.

2033 WOOD ST.

#215 SARASOTA, FL 34237 #215

SARASOTA, FL 34237



DO NOT WRITE IN THIS SPACE

04282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3466165

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

ROSENBERG, DAVID H ESQ 8130 LAKEWOOD MAIN STREET SUITE 208 BRADENTON, FL 34202

DO NOT WRITE

| 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 |
|----|---|
| SI | IGNATURF |

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

000000935781 05/23/08-80085-019 138.75

| | | 03/53/00_000003_013_130*13 | | | | |
|---|---|--|--|--|--|--|
| 9. | MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE | MGRM | | | | | |
| NAME | IMPERATORE, HERBERT & COMPANY, INC. | | | | | |
| STREET ADDRESS | 2033 WOOD ST., #215 | The said of the sa | | | | |
| CITY-ST-ZIP | SARASOTA, FL 34237 | 16. 6.41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| | 0.11.100 (7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | The state of the s | | | | |
| CITY-ST-ZIP | - | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | DO NOT WRITE | | | | |
| CITY-ST-ZIP | | THE WARTER OF THE PARTIES OF THE PAR | | | | |
| TITLE | | IN THIS SPACE | | | | |
| NAME | | THE STACE | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | | | | | |
| NAME | | The property of the second of | | | | |
| STREET ADDRESS | | · 【最高的是最高的是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个 | | | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CHY-ST-ZIP | | | | | | |
| · | | Deal Control of the C | | | | |
| 11. I berefy certify that the information supplied with the filing does not qualify for the examplians contained in Chapter 110. Florida Statutes. I further certify that the information | | | | | | |

11. I needby certify that the information supplied with this filling 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 reserver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE: ____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.28.08

(941) 365.4076

Daytime Phone #