


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**


04-12-2007 90178 032 \*\*\*\*50.00

<b>DOCUMENT # L05000122974</b> 1. Entity Name NORTH PORT PARTNERS, LLC	
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Principal Place of Business 3073 HORSESHOE DRIVE SOUTH, SUITE #118 NAPLES, FL 34104	Mailing Address 3073 HORSESHOE DRIVE SOUTH, SUITE #118 NAPLES, FL 34104
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**DO NOT WRITE IN THIS SPACE**

00035319



02212007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4005613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, DONALD L  
3073 S HORSESHOE DR  
STE 118  
NAPLES, FL 34104

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

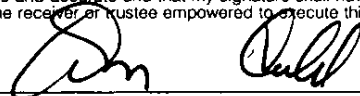
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARNOLD, DONALD L 3073 S HORSESHOE DR, STE 118 NAPLES, FL 34104
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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:  4/7/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #