2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L06000005633 1. Entity Name NORTH 91615, LLC						02-22-2007 9	90274 03	38 ****55	5.00
Principal Plac 916 S.E. 151 CAPE CORAL	TH AVENUE	Mailing Address 916 S.E. 15TH AVENUE CAPE CORAL, FL 33990	16 S.E. 15TH AVENUE		1 10 E 11 E 11 E 11 E 11	1011 STILL S	. Bem Salsi a	his sairs hiss hi	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082007	Ch- 110	CDOE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
City & State		City & State			4. FEI Number	Chg-LLC		083 (12/06) TAD	plied For
Zip Country					2.0-			No	t Applicable
210		Zip	Country			of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current I	Registered Agent	Name		7. Name and	Address of New Re	egistered /	Agent	
GLOCER,				• 1D	0.81	- (- 81-4 8 4-14-1			
1927 S.E. 37TH TERRACE CAPE CORAL, FL 33904			Street	Address (P	.U. Box Numbe	r is Not Acceptable			
			City					Zip Code	
8. The above named entity submits this statement for the purpose of changing its registi				or registere	<u>FL </u>				
	ions of registered agent.	,	-3					,	-
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE.	Registered Agent signs	ature required v	when reinstating)		DATÉ		
filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State			
							•	•	•
	ue by May 1, 2007	RS/MANAGERS	10.				Departm	ent of State	•
D	ue by May 1, 2007	RS/MANAGERS	10. TITLE NAME			Florida	Departm	ent of State	→ Addition
9. IALE	MANAGING MEMBER	<u> </u>	TITLE			Florida	Departm	ent of State	
9. IFILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM GLOCER, JORGE 1927 S.E. 37TH TERRACE	<u> </u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			Florida	Departm	ent of State	
9. THILE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME	MANAGING MEMBER MGRM GLOCER, JORGE 1927 S.E. 37TH TERRACE	□ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			Florida	Departm	Change	☐ Addition
9. INTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM GLOCER, JORGE 1927 S.E. 37TH TERRACE	□ Oelete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			Florida	Departm	Change	Addition
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9. Iffle Name Street address City-St-Zip Tifle Name Street address	MANAGING MEMBER MGRM GLOCER, JORGE 1927 S.E. 37TH TERRACE	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			Florida	Departm	Change	Addition Addition
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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: JORGE A. GLOCER, MANA SIMP MCTHER 1/15/07 234) SIGNATURE AND TYPED OR PRINTED NAME OF EXAMINA MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day Trong & Day