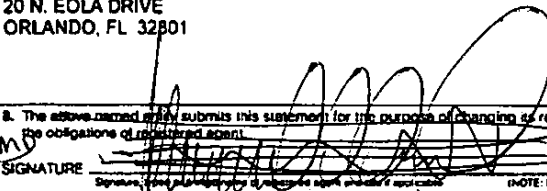
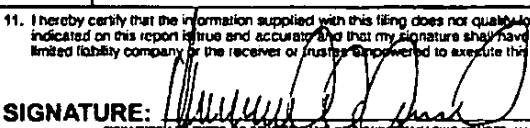


FILED  
Jul 11, 2007 8:00 am  
Secretary of State

04-18-2007 90111 001 \*\*\*250.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # L06000027359                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                 |  |
| 1. Entity Name<br>NORTHPORT INVESTMENTS #1, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                  |  |
| Principal Place of Business<br>7208 SAND LAKE ROAD, SUITE 300<br>ORLANDO, FL 32809                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Mailing Address<br>7208 SAND LAKE ROAD, SUITE 300<br>ORLANDO, FL 32809                                                           |  |
| 2. Principal Place of Business - No P.O. Box #<br>9582 W Colonial Dr                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 3. Mailing Address<br>9582 W Colonial Dr                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Suite, Apt. #, etc.                                                                                                              |  |
| City & State<br>Orlando, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | City & State<br>Orlando, FL                                                                                                      |  |
| Zip<br>32701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Zip<br>32701                                                                                                                     |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Country                                                                                                                          |  |
| 4. FEI Number<br>03272007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Applied For<br>Not Applicable                                                                                                    |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | \$5.00 Additional Fee Required                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br>HARDING, ROBERT ESQUIRE<br>20 N. EOLA DRIVE<br>ORLANDO, FL 32801                                                                                                                                                                                                                                                                                                                                                                                      |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                             |  |                                                                                                                                  |  |
| SIGNATURE<br><br>Signature of registered agent, if registered agent is not applicable (NOTE: Registered Agent signature required when remaining) DATE                                                                                                                                                                                                                                                                  |  |                                                                                                                                  |  |
| Filing Fee is \$60.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Make check payable to<br>Florida Department of State                                                                             |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 10. ADDITIONS/CHANGES                                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                |  |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                |  |
| <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:<br><br>SIGNATURE AND TYPED OR PRINTED NAME OF THE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                   |  | Date<br>4-6-07 Daytime Phone #<br>407 3636700                                                                                    |  |

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