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Jul 11, 2007 8:00 am
Secretary of State
04-18-2007 90111 001 ***250.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000027359

1. Entity Name
NORTHPORT INVESTMENTS #1, L.L.C.

30011648

Principal Place of Business	Mailing Address
7208 SAND LAKE ROAD, SUITE 300 ORLANDO, FL 32809	7208 SAND LAKE ROAD, SUITE 300 ORLANDO, FL 32809

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9582 W Colonial Dr	9582 W Colonial Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocoee, FL	City & State: Ocoee, FL
Zip: 34761 Country	Zip: 34761 Country

03272007 Chp-LLC CR2E083 (12/06)

4. FEI Number: 26-0488540 ☐ 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
HARDING, ROBERT ESQUIRE 20 N. EOLA DRIVE ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

MD SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr/Member Michael D. Dinkel 9582 W Colonial Dr Ocoee, FL 34761	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: ____________________ 4-6-07 407 3636700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #