

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

04-18-2007 90111 001 ***250.00

DOCUMENT # L06000033840 1. Entity Name DREW NORTHPORT INVESTMENTS, LLC			
Principal Place of Business 7208 SAND LAKE ROAD, SUITE 300 ORLANDO, FL 32819		Mailing Address 7208 SAND LAKE ROAD, SUITE 300 ORLANDO, FL 32819	
2. Principal Place of Business - No P.O. Box # 9582 W Colonial Dr		3. Mailing Address 9582 W Colonial Dr	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Ocoee, FL 34761		City & State Ocoee, FL 34761	
Zip 34761		Zip 34761	
Country 		Country 	
4. FEI Number 20-4633541		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		03272007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HARDING, ROBERT L ESQ. 20 NORTH EOLA DRIVE ORLANDO, FL 32801		7. Name and Address of New Registered Agent 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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
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	MGR DINKEL, MICHAEL 7208 SAND LAKE ROAD, SUITE 300 ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4.7.07 407363-6700 Date Daytime Phone #	

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