

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035056

Entity Name: NORTH HOLDINGS, LLC

FILED
Mar 24, 2008
Secretary of State

Current Principal Place of Business:

3014 CULPEPPER LANE
VERNON, FL 32462

New Principal Place of Business:

Current Mailing Address:

3014 CULPEPPER LANE
VERNON, FL 32462

New Mailing Address:

FEI Number: 20-4635035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEMECEK, FRANCES N
3029 MAIN STREET
VERNON, FL 32462 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NORTH, RODNEY A
Address: 3014 CULPEPPER LANE
City-St-Zip: VERNON, FL 32462

Title: MGRM () Delete
Name: NORTH, PATRICIA J
Address: 3014 CULPEPPER LANE
City-St-Zip: VERNON, FL 32462

Title: MGR () Delete
Name: NORTH, MARK A
Address: 3014 CULPEPPER LANE
City-St-Zip: VERNON, FL 32462

Title: MGR () Delete
Name: NORTH, MONIKA M
Address: 3014 CULPEPPER LANE
City-St-Zip: VERNON, FL 32462

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RODNEY NORTH

MGMR

03/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date