


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90132 014 \*\*\*\*50.00

<b>DOCUMENT # L06000037037</b>					
<b>1. Entity Name</b> NORTH PORT PROPERTIES, LLC					
<b>Principal Place of Business</b> NORTH PORT COMMONS 14876 TAMiami TRAIL C-104 NORTH PORT, FL 34287 US			<b>Mailing Address</b> 133 SAO LUIZ ST PUNTA GORDA, FL 33983 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 14892 Tamiami Trail		<b>3. Mailing Address</b> 14892 Tamiami Trail			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> North Port, FL		<b>City &amp; State</b> North Port, FL		<b>4. FEI Number</b> 20-4714643	
<b>Zip</b> 34287		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  NEURER, KEVIN J 333 OAKFORD ROAD SARASOTA, FL 34240			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM <b>NAME</b> LOWE, MIKE D <b>STREET ADDRESS</b> 133 SAO LUIZ ST <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> LOWE, CAROLYN M <b>STREET ADDRESS</b> 133 SAO LUIZ ST <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> VICTORIA L ROBERTS, PFP, PA <b>STREET ADDRESS</b> 333 OAKFORD ROAD <b>CITY-ST-ZIP</b> SARASOTA, FL 34240	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Mike Lowe</u>			1/16/07 941-429-3055		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					