

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051938

**FILED
Feb 15, 2007
Secretary of State**

Entity Name: TRUE NORTH PROPERTIES, LLC

Current Principal Place of Business:

9111 WEST COLLEGE POINTE DRIVE
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

9111 WEST COLLEGE POINTE DRIVE
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 20-5405691 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WALLACE, JERALD L
9111 WEST COLLEGE POINTE DRIVE
FT. MYERS, FL 33919 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: WALLACE, JERALD L
Address: 9111 WEST COLLEGE POINTE DRIVE
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JERALD L. WALLACE

MGRM

02/15/2007

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