


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90081 001 \*\*\*138.75

**60001955**



|  |                                      |   |   |
|--|--------------------------------------|---|---|
| DOCUMENT # L06000051938  |                                      |  |   |
| 1. Entity Name<br>TRUE NORTH PROPERTIES, LLC   |                                      |   |   |
| Principal Place of Business<br>9111 WEST COLLEGE POINTE DRIVE<br>FT. MYERS, FL 33919   |                                      | Mailing Address<br>9111 WEST COLLEGE POINTE DRIVE<br>FT. MYERS, FL 33919          |   |
| 2. Principal Place of Business - No P.O. Box #   |                                      | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc.   |   |
| City & State   |                                      | City & State  |   |
| Zip  | Country                              | Zip   | Country   |
| 01082008   |                                      | Chg-LLC CR2E083 (12/06)   |   |
| 4. FEI Number<br>20-5405691  |                                      | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                      | \$5.00 Additional Fee Required  |   |
| - 6. Name and Address of Current Registered Agent  |                                      | - 7. Name and Address of New Registered Agent                                     |   |
| WALLACE, JERALD L<br>9111 WEST COLLEGE POINTE DRIVE<br>FT. MYERS, FL 33919   |                                      | 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  |                                      | DATE  |   |
| Signature, typed or printed name of registered agent and title if applicable.  |                                      | (NOTE: Registered Agent signature required when reinstating)                      |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |                                      | <b>Make check payable to</b><br><b>Florida Department of State</b>                |   |
| 9. MANAGING MEMBERS/MANAGERS   |                                      | 10. ADDITIONS/CHANGES   |   |
| TITLE  | MGRM <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | WALLACE, JERALD L                    | NAME  |   |
| STREET ADDRESS   | 9111 WEST COLLEGE POINTE DRIVE       | STREET ADDRESS  |   |
| CITY-ST-ZIP  | FT. MYERS, FL 33919                  | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                      | NAME  |   |
| STREET ADDRESS   |                                      | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                      | NAME  |   |
| STREET ADDRESS   |                                      | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                      | NAME  |   |
| STREET ADDRESS   |                                      | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                      | NAME  |   |
| STREET ADDRESS   |                                      | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                      | CITY-ST-ZIP   |   |
| 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: <i>Jerald L. Wallace</i>  |                                      | Date  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                      | Date  |   |
| Jerald L. Wallace  |                                      | (239) 437-1111  |   |
|  |                                      | Daytime Phone #   |   |