

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 07, 2009  
Secretary of State**

DOCUMENT# L06000051938

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WALLACE, JERALD L  
9111 WEST COLLEGE POINTE DRIVE  
FT. MYERS, FL 33919      US

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 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 WALLACE

MGRM

07/07/2009

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