Apr. 17. 2007 9:00AM NORTHSTAR MORTAGE FT. MYERS

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/4/2

FILED
Jun 01, 2007 8:00 am
Secretary of State
04-04-2007 90036 026 ****50.00

DOCUMENT # L06000053553

1. Entity Name
CALI PROPERTIES, LLC

Principal Place of Business	Mailing Address
3101 TERRACE AVE. NAPLES, FL 34104	3101 TERRACE AVE. NAPLES, FL 34104

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

01122007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-4932525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRUGGER, JOHN N 800 FIFTH AVENUEL SOUTH, SUITE 207 NAPLES, FL 34102	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MASTROCOLA, FILIPPO 3101 TERRACE AVE. NAPLES, FL 34104 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2800 Davis Blvd., Ste 200 Naples, FL 34104
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: John N. Brugger 3/27/07 239-263-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #