

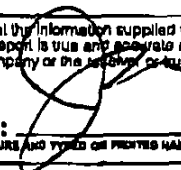
Apr. 17. 2007 9:00AM NORTHSTAR MORTGAGE FT. MYERS

**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 3101 TERRACE AVE. NAPLES, FL 34104			Mailing Address 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	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 BRUGGER, JOHN N 800 FIFTH AVENUE SOUTH, SUITE 207 NAPLES, FL 34102				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$55.00 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 806, Florida Statutes.					
SIGNATURE: 		John N. Brugger 3/27/07 239-263-6000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Telephone Number	