


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90314 006 \*\*\*\*50.00

<b>DOCUMENT # L06000056148</b>	
1. Entity Name <b>NORTH POINTE OFFICE PARK, LLC</b>	

Principal Place of Business <b>3740 CURTIS BLVD., SUITE 108 PORT ST. JOHN, FL 32927</b>	Mailing Address <b>3740 CURTIS BLVD., SUITE 108 PORT ST. JOHN, FL 32927</b>
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**60046471**



2. Principal Place of Business - No P.O. Box # <b>3860 Curtis Blvd</b>	3. Mailing Address <b>4265 Quechua Rd.</b>
Suite, Apt. #, etc. <b>#636</b>	Suite, Apt. #, etc.

04202007 Chg-LLC CR2E083 (12/06)

City & State <b>PORT ST JOHN, FL</b>	City & State <b>PORT ST JOHN, FL</b>
Zip <b>32927</b>	Country <b>USA</b>

4. FEI Number <b>20-4957849</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CCG HOLDINGS, INC. 3740 CURTIS BLVD., SUITE 108 PORT ST. JOHN, FL 32927</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>4265 Quechua Road.</b>	
City <b>PORT ST JOHN</b>	
State <b>FL</b>	Zip Code <b>32927</b>

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 *Carmine Ferraro* **Carmine Ferraro**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) **- President CCG Holdings, Inc.** DATE **4/25/07**

**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	<b>MGRM CARMEL DEVELOPMENT, LLC 3740 CURTIS BLVD., SUITE 208 PORT ST. JOHN, FL 32927</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3860 Curtis Blvd #636 PORT ST JOHN, FL 32927</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE *Carmine Ferraro* **Carmine Ferraro**  
Signature and typed or printed name of signing managing member, manager, or authorized representative. Date **4/25/07** Daytime Phone # **321-433-0274**