

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059398

Entity Name: N. FL ASSET MANAGEMENT, LLC

FILED  
Apr 05, 2007  
Secretary of State

**Current Principal Place of Business:**

167 SW MOSSY OAK WAY  
LAKE CITY, FL 32024

**New Principal Place of Business:**

**Current Mailing Address:**

167 SW MOSSY OAK WAY  
LAKE CITY, FL 32024

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHITCOMB, THEODORE J  
5600 NW 80 TERRACE  
PARKLAND, FL 33067 US

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

WHITCOMB, THEODORE J  
167 SW MOSSY OAK WAY  
LAKE CITY, FL 32024 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:

04/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WHITCOMB, THEODORE J  
Address: 5600 NW 80 TERRACE  
City-St-Zip: PARKLAND, FL 33067

Title: MGRM ( ) Delete  
Name: WHITCOMB, CARLA J  
Address: 5600 NW 80 TERRACE  
City-St-Zip: PARKLAND, FL 33067

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WHITCOMB, THEODORE J  
Address: 167 SW MOSSY OAK WAY  
City-St-Zip: LAKE CITY, FL 32024

Title: MGRM (X) Change ( ) Addition  
Name: WHITCOMB, CARLA J  
Address: 167 SW MOSSY OAK WAY  
City-St-Zip: LAKE CITY, FL 32024

I hereby certify that the information supplied with this filing does not qualify for the 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: THEODORE J WHITCOMB

MGR

04/05/2007

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