2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L06000088865

Entity Name: NORTHCORP 12, LLC

Current Principal Place of Business:

3950 RCA BLVD. #5000
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3950 RCA BLVD. #5000
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-8695283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARY, JOHN W III
701 U.S. HWY ONE STE 402
N PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: BILLS, JOHN C
Address: 3950 RCA BLVD. #5000
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM ( ) Delete
Name: MCCLOSKEY, THOMAS D JR
Address: PO BOX 7759
City-St-Zip: ASPEN, CO 81612

Title: MGRM ( ) Delete
Name: BILLS, JOHN C
Address: 3950 RCA BLVD STE 5000
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: BILLS, JOHN CLARK
Address: 3950 RCA BLVD STE 5000
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: JOHN CLARK BILLS MGR 03/24/2009

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