


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90303 025 \*\*\*138.75

<b>DOCUMENT # L06000096968</b> 1. Entity Name NORTHDAL GOLF, LLC	
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Principal Place of Business 10688-C CRESTWOOD DRIVE MANASSAS, VA 20109	Mailing Address 10688-C CRESTWOOD DRIVE MANASSAS, VA 20109
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03212008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0610019	Applied For 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  STAPLES, CHARLES K 18086 S.E. VILLAGE CIRCLE TEQUESTA, FL 33469
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, KIMBERLY R 14400 CHAMBERRY CIR HAYMARKET, VA 20169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STAPLES, WALTER W 12307 S.E. BIRKDALE TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MIRAGLIA, MICHAEL L 9315 N.W. 48TH DORAL TERRACE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: \_\_\_\_\_

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/24/08 703.367.7237

Date

Daytime Phone #