

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031963

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: NORTHSIDE PROPERTIES, L.L.C.

## Current Principal Place of Business:

767 AIRPORT ROAD  
PANAMA CITY, FL 32405

## New Principal Place of Business:

## Current Mailing Address:

767 AIRPORT ROAD  
PANAMA CITY, FL 32405

## New Mailing Address:

FEI Number: 20-8334323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRYANT, ROWLETT W  
833 HARRISON AVE  
PANAMA CITY, FL 32401 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: STRINGER, MERLE P MD  
Address: 2011 HARRISON AVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: STRINGER, DOUGLAS L MD  
Address: 2011 HARRISON AVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: MADDOX, KARIN S MD  
Address: 2202 STATE AVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: ELXAWAHRY, KAMEL MD  
Address: 2202 STATE AVE  
City-St-Zip: PANAMA CITY, FL 32405

## ADDITIONS/CHANGES:

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

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

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

Title: MGRM (X) Change ( ) Addition  
Name: ELZAWAHRY, KAMEL MD  
Address: 2202 STATE AVE  
City-St-Zip: PANAMA CITY, FL 32405

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: MERLE P. STRINGER

MGRM

04/09/2009

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