

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

17. **FILED**
Mar 17, 2008 8:00 am
Secretary of State

01-22-2008 90124 027 ***138.75

DOCUMENT # L07000036873					
1. Entity Name NORTH CENTRAL HEIGHTS LLC					
Principal Place of Business 21 TULANE DRIVE AVON PARK, FL 33825			Mailing Address 21 TULANE DRIVE AVON PARK, FL 33825		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address PO Box 1327		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Avon Park FL		
Zip	Country	Zip	Country	4. FFI Number 20 8799690	
33826	US	33826	US	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				01112008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHOEMAN, LARRY P 21 TULANE DRIVE AVON PARK, FL 33825				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 <u><i>Larry P Shoeman</i></u> 11/12/08 Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO DUBOIS, PAUL M. 315 TULANE DR AVON PARK, FL. 33825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND PERRIN, MARIAN 313 DOVE STREET SEBASTIAN, FL. 33872	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARRY SHOEMAN 21 TULANE DR. AVON PARK, FL. 33825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MINNETTE 1713 LAKE LORELA DR. AVON PARK, FL. 33825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, LOSTEN 1002 S. WALDRON AVE AVON PARK, FL. 33825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEGGY, DEBORAH 516 CIRCLE ST. AVON PARK, FL. 33825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ 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: <u><i>Larry P Shoeman</i></u> 11/12/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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