

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036873

FILED
Apr 29, 2009
Secretary of State

Entity Name: NORTH CENTRAL HEIGHTS LLC

Current Principal Place of Business:

21 TULANE DRIVE
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

POB 1327
AVON PARK, FL 33826

New Mailing Address:

FEI Number: 20-8799690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOEMAN, LARRY P
POB 1327
AVON PARK, FL 33826+ US

Name and Address of New Registered Agent:

SHOEMAN, LARRY P
21 TULANE DRIVE
AVON PARK, FL 33825 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: LARRY P. SHOEMAN

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: DEVLIN, PAUL M
Address: 315 TULMAC CIR
City-St-Zip: AVON PARK, FL 33825

Title: VD () Delete
Name: PERRIN, OMARIAN
Address: 313 DOVE ST
City-St-Zip: SEBRING, FL 33872

Title: SD () Delete
Name: SHOEMAN, LARRY
Address: 21 TULMAC DR
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: WILLIAMS, MINNETTE
Address: 1913 LAKE LOGELA DR
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: ROBERTS, LESTER
Address: 1002 S WALDRON AVE
City-St-Zip: AVON PARK, FL 93825

Title: D () Delete
Name: YEGGY, DEBORAH
Address: 516 CIR ST
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: BARNARD, CAMERON
Address: 2115 N. OLIVIA DR.
City-St-Zip: AVON PARK, FL 33825

Title: VPD (X) Change () Addition
Name: PERRIN, MARIAN
Address: 313 DOVE ST
City-St-Zip: SEBRING, FL 33872

Title: D (X) Change () Addition
Name: VINSON, DONNA
Address: 800 W. MAIN STREET
City-St-Zip: AVON PARK, FL 33825

Title: PD (X) Change () Addition
Name: WILLIAMS, MINNETTE
Address: 1913 LAKE LOGELA DR
City-St-Zip: AVON PARK, FL 33825

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

Title: D (X) Change () Addition
Name: MACKLIN, TOM
Address: 600 E. MAIN STREET
City-St-Zip: AVON PARK, FL 33825

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: LARRY P. SHOEMAN

SEC.

04/29/2009

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