

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

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

01-17-2008 90055 009 \*\*\*138.75

<b>DOCUMENT # L07000063517</b> 1. Entity Name <b>NORTH ENTERPRISES, LLC</b>					
Principal Place of Business <b>1281 WELLINGTON TERRACE</b> <b>MAITLAND, FL 32751 US</b>			Mailing Address <b>1281 WELLINGTON TERRACE</b> <b>MAITLAND, FL 32751 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number  Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				01142008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>KENNETH B. WHEELER, LL.M. TAX, P.A.</b> <b>1155 LOUISIANA AVENUE</b> <b>SUITE 100</b> <b>WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>PEREGOY, MURIEL C</b> <b>1281 WELLINGTON TERRACE</b> <b>MAITLAND, FL 32751</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <u>Muriel C. Peregoy</u> Jan 14, 2008 407 339 3948</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SICKING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone</small>					