

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069583

FILED  
Jul 21, 2009  
Secretary of State

**Entity Name:** NORTHERN PARTNER ASSOCIATES, LLC

**Current Principal Place of Business:**

111 CLOCKTOWER COMMONS  
BREWSTER, NY 10509

**New Principal Place of Business:**

**Current Mailing Address:**

111 CLOCKTOWER COMMONS  
BREWSTER, NY 10509

**New Mailing Address:**

**FEI Number:** 26-3039983      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHOUDRY, MADDIPOTI J  
Address: 111 CLOCKTOWER COMMONS  
City-St-Zip: BREWSTER, NY 10509

Title: MGR ( ) Delete  
Name: AGARWAL, AGUN  
Address: 111 CLOCKTOWER COMMONS  
City-St-Zip: BREWSTER, NY 10509

**ADDITIONS/CHANGES:**

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

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

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: M. CHOUDRY

MGR

07/21/2009

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