


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000000258
 1. Entity Name
NORTH STAR TECHNICAL SERVICES, LLC



Principal Place of Business Mailing Address
1900 INTERNATIONAL PARK DR. **1900 INTERNATIONAL PARK DR.**
BIRMINGHAM, AL 35243 **BIRMINGHAM, AL 35243**

DO NOT WRITE IN THIS SPACE



02262006No Chg-LLC CR2E083 (11/05)

4. FEI Number 63-1269057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASSADY, GEORGE EDWARD 1900 INTERNATIONAL PARK DR. BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, WILLIAM G 1900 INTERNATIONAL PARK DR. BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANIEL, JAMES E 1900 INTERNATIONAL PARK DR. BIRMINGHAM, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000547204
 05/12/06-80014-013 50.00

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: *Michelle Turner* MICHELLE TURNER 3/14/2006 (407)625-8823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #