

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001502

Entity Name: NORTHSTAR CONTROLS, LLC

FILED
Jan 22, 2008
Secretary of State

Current Principal Place of Business:

3609 NORTH 44TH STREET
PHOENIX, AZ 85018

New Principal Place of Business:

6147 CLARK CENTER AVE
SARASOTA, FL 34238

Current Mailing Address:

3609 NORTH 44TH STREET
PHOENIX, AZ 85018

New Mailing Address:

6147 CLARK CENTER AVE
SARASOTA, FL 34238

FEI Number: 03-0407836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OXLEY, JOHN R
5293 WHITE SANDS CIRCLE NE
ST. PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

LEE, MICHELLE L
7438 PERIWINKLE DRIVE
SARASOTA, FL 34231 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: MICHELLE LEE

01/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEE, SIMON H
Address: 3609 NORTH 44TH STREET
City-St-Zip: PHOENIX, AZ 85018

Title: MGRM () Delete
Name: LEE, MICHELLE L
Address: 3609 NORTH 44TH STREET
City-St-Zip: PHOENIX, AZ 85018

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEE, SIMON H
Address: 7438 PERIWINKLE DR
City-St-Zip: SARASOTA, FL 34231

Title: MGRM (X) Change () Addition
Name: LEE, MICHELLE L
Address: 7438 PERIWINKLE DR
City-St-Zip: SARASOTA, FL 34231

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: MICHELLE LEE

MMMS

01/22/2008

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