Control of the second sec	2008 LIMITED LIABILITY COMPANY ANNUAL REPORT		FILED
Principal Place of Basines       1217 OLD WALKET ROAD         DAN CA 33023       DATE Address         DO NOT WRITE IN THIS SPACE       Image: Display of the control o	1. Entity Name NORTHWOOD COMMONS, LLC		Apr 28, 2008 08:00 AM Secretary of State
DO NOT WRITE IN THIS SPACE       CR26083 (1207)         122008 Note:       CR26083 (1207)         122008 Note:       CR26083 (1207)         122008 Note:       Status Desined         122008 Note:       CR26083 (1207)         1       Not Application         1       International Address of Current Registered Agent         ANDREW SERVICE CORPORATION OF FLORIDA 2011 N. FRANKLIN STREET, SUITE 2100       DO NOT WRITE IN THIS SPACE         1       DO NOT WRITE IN THIS SPACE         8       The above named entity submits this statement for the purpose of changing its registered office or negistered agent, or both, in the State of Points. Lam familiar with, and accept the obligations of registered agent, so both, in the State of Points. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Points. Lam familiar with, and accept the obligations of registered agent, so both, in the State of Points. Lam familiar with, and accept the obligations of registered agent, so both, in the State of Points. Lam familiar with, and accept the obligations of registered agent, so both, in the State of Points. Lam familiar with, and accept the obligation of registered agent, or both is states and the registered agent, and the instate and the instance of the obligation of registered agent, and the states and the instance of the obligation of registered agent, and the obligation o	Principal Place of Business Malling Address 12147 OLD WALNUT ROAD 12147 OLD WALNUT ROAD	<u></u>	
ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET, SUITE 2100 TAMPA, FL 33602  B. The above named critin submits the statement for the purpose of changing its registered agont, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE		ACE	01292008 No Chg-LLC     CR2E083 (12/07)       4. FEI Number     Applied For       20-3257694     Not Applicable       5. Certificate of Status Desired     \$5.00 Additional
the obligations of registered agent. SIGUATURE Sequex.styped or printed intere of registered agent and the Facybacks.  INTE: Registered Agent Systems registered agent Interesting  INTE: Department Agent Systems registered agent Interesting  INTE: Department Agent Systems registered agent Systems registered agent Systems registered after indicating  INTE: Department Agent Systems registered agent Systems registered agent Systems registered after indicating  INTE: Department Agent Systems registered agent Systems registered after indicating  INTE: Department Agent Systems registered agent Sy	ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET, SUITE 2100		
ITTLE       MGR         NWE       TOPANGA LASSEN PLAZA, LLC         STRET ADRESS       OJAI, CA 93023         ITTLE       NWE         STRET ADRESS       OJAI, CA 930240-007 138.75         ITTLE       NWE         STRET ADRESS       OD NOT WRITE         ITTLE       INTEL ADRESS         CITY-ST-2P       DO NOT WRITE         ITTLE       INT HIS SPACE         STRET ADRESS       CITY-ST-2P         ITTLE       NME         STRET ADRESS       CITY-ST-2P         ITTLE       NME         STRET ADRESS       CITY-ST-2P         ITTLE       NME         STRET ADRESS       CITY-ST-2P         ITTY-	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regin	stered Agent signature required	J when reinstating) DATE
STREET ADDRESS       CITY-51-2P         TITLE       ITTLE         STREET ADDRESS       CITY-51-2P         TITLE       DO NOT WRITE         STREET ADDRESS       CITY-51-2P         TITLE       IN THIS SPACE         STREET ADDRESS       CITY-51-2P         TITLE       IN THE STREET ADDRESS         CITY-51-2P       ITTLE         NWME       STREET ADDRESS         CITY-51-2P       ITTLE         NME       STREET ADDRESS         CITY-51-2P       ITTLE         NME       STREET ADDRESS         CITY-51-2P       ITTLE         NME       STREET ADDRESS         CITY-51-2P       ITTLE         ITTLE       ITTLE         NME       STREET ADDRESS         CITY-51-2P       ITTLE         ITTLE       IN HER COMPARISE         ITTLE       IN HER COMPARISE         ITTLE       IN HER COMPARISE	TITLE MGR TOPANGA LASSEN PLAZA, LLC STREET ADDRESS 12147 OLD WALNUT ROAD		
STREET ADDRESS       DO NOT WRITE         ITTLE       NAME         NAME       STREET ADDRESS         CITY-ST-ZIP       IN THIS SPACE         ITTLE       STREET ADDRESS         CITY-ST-ZIP       IN THIS SPACE         ITTLE       STREET ADDRESS         CITY-ST-ZIP       IN THIS SPACE         ITTLE       STREET ADDRESS         CITY-ST-ZIP       IN THIS SPACE         STREET ADDRESS       IN THIS SPACE         CITY-ST-ZIP       IN THIS SPACE         TITLE       STREET ADDRESS         CITY-ST-ZIP       IN THIS SPACE         11. 1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 interfect as if made under oath; that I am a managing member or manager of the interfect as if made under oath; that I am a managing member or manager of the interfect as if made under oath; that I am a managing member or manager of the interfect as if made under oath; that I am a managing member or manager of the interfect as if made under oath; that I am a managing member or manager of the interfect as if made under oath; that I am a managing member or manager of the interfect as if made unde	NAME STREET ADDRESS CITY-ST-ZIP	_	U00000925750 05/20/08-80040-007 138.75
TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         STREET ADDRESS         CITY-ST-ZIP<	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	-	
NAME         STREET ADDRESS         CITY-ST-ZIP         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.	TITLE NAME STREET ADDRESS		
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.	NAME STREET ADDRESS CITY-ST-ZIP		
SIGNATURE: 4-22-08 805 Lyo 6940	indicated on this report is true and accurate and that my signature shall have the limited liability company or the receiver or trustee empowered to execute this rep-	e exemptions containe same legal effect as i ort as required by Cha	d in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.

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