## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M06000002947

Entity Name
 NORTHGATE MANAGEMENT, LLC



-3-

FILED Jan 12, 2007 08:00 AN Secretary of State

Principal Place of Business

2855 44TH STREET SW STE 100 Grandville, MI 49418 Mailing Address

2855 44TH STREET SW STE 100 GRANDVILLE, MI 49418



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For 20-2840592 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, JAMES L 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent.  SIGNATURE  Signature, typed or protect name of registered agent and site if applicable. (NOTE Registered Agent algorithm registed when refinitating)  P. MANAGING MEMBERS/MANAGERS  TITLE  MAME  BOSSENBROEK, STEVEN L  STREET ADDRESS  CITY-ST-ZP  GRANDVILLE, MI 49418  DO NOT WRITE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  STREET ADDRESS  CITY-ST-ZP  TITLE |  |   |   |                |
|---|--|---|---|----------------|
| Signature, typed or printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when refinitating)  P. Filling Fee is \$50.00 Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS  TITLE MGR NAME BOSSENBROEK, STEVEN L 2855 44TH STREET SW STE 100 GRANDVILLE, MI 49418  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO NOT WRITE  | gent, or both, in the State of Florida. I am familiar with, and accept   | g its registered office or registered agent, or             |   |                |
| Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS  TITLE MGR BOSSENBROEK, STEVEN L 2855 44TH STREET SW STE 100 GRANDVILLE, MI 49418  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  DO NOT WRITE   | reinstating) DATE  | (NOTE: Registered Agent signature required when reinstating | Signature, typed or profeed name of registered agent and title if applicable. |                |
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11. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone II