

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005765

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: FONTANA-AVENUES NORTH CENTER LLC

**Current Principal Place of Business:**

7561 FOX ROAD  
HUGHSON, CA 95326

**New Principal Place of Business:**

**Current Mailing Address:**

7561 FOX ROAD  
HUGHSON, CA 95326

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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: FONTANA, ANDREW F  
Address: 7561 FOX ROAD  
City-St-Zip: HUGHSON, CA 95326

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: FONTANA, ROBERT F  
Address: 2331 SERVICE ROAD  
City-St-Zip: CERES, CA 95307

Title: MGRM ( ) Change (X) Addition  
Name: FONTANA, ANDREW P  
Address: 1844 SUGAR MAPLE  
City-St-Zip: HUGHSON, CA 95326

Title: MGRM ( ) Change (X) Addition  
Name: HARCROW, BARBARA J  
Address: 7561 FOX ROAD  
City-St-Zip: HUGHSON, CA 95326

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: BARBARA J HARCROW

MGRM

04/27/2007

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