2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # M07000004696 01-22-2008 90122 048 ***143.75 A-1979 NORTH FEDERAL, LLC Principal Place of Business Mailing Address 284 E. BOCA RATON ROAD 284 E. BOCA RATON ROAD DUUU40// BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 141 ISLAND 141 /SLAND SANCTUARY SANCTUAR Suite, Apt. #, etc. Suite, Apt. #, etc. 01182008 CR2E083 (12/06) Chg-LLC City & State 4. FEI Number Applied For 26-0646649 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Ø Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON; FL-33331 City Zip Code 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 gistered agent 1/18/08 OWNER FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR TITLE MGR Change ■ Addition Detete ARCHER, JAMES E 141 15LAND SANGTUARY 33963 ARCHER, JAMES E NAME MALE 284 E. BOCA RATON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7/P BOCA RATON, FL 33432 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TILE. ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IME ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ___ Addition MARK NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP 11. Thereby 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 of the receiver of frustree empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

FILED

Jan 22, 2008 8:00 am