FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sar dra B. Mortham Secretary of State

APPROVED

1997 MAR - 3 PM 3: 16

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FILING FEE	Annual Report \$10					TE	S TA	ECRETARY LLAHASSE	OF STA	NTE RIDA	
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT #M96000000199											
							1a. Principal Place of Business Address				
NORTHSTAR CONSULTING GROUP, L.L.C. 55 SCHANK ROAD, SUITE A-1 FREEHOLD NJ 07728								55 SCHANK ROAD, SUITE A-1 FREEHOLD NJ 07728			
If above mailing address is incorrect in any way, line through incorrect information and enter					correction in Blo	x 2a.	Data Organi	-ad as Onalitical	ge Cloic	of Formation	
2 Principal Place of Business 2a. M			iling Address				3. Date Organized or Qualified 3a. State of Formation				
Suite, Apt. #, etc. Suite			Apt. #, etc.				06/07/1996 NJ				
							4. FEI Number			Applied For	
City & State			City & State				22-3423140			Not Applicable	
Zıp	Country	Zip	· · · · · · · · · · · · · · · · · · ·	Соц	intry	.	5. Date of Last Report 6. Certificate of Status Desired S8 75 Auditorial Fee Required				
7. Nam	e and Address of Curre	nt Registered	Agen	t	-1	B. Na	me and Ad	dress of New Re	gistered A	gent	
					Name						
CONROE, FLORENCE 1960 SABAL PALM BLVD., APT 406 CAMARAC FL 33319						Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc.					
					Suite, Ap	n. #, etc.	<i>.</i> .				
				City			Z			. ,	
its registered office or re	isions of Sections 608.4 gistered agent, or both, in d accept the obligations.	16 and 608.508 the State of Fig	B, Florid orida. S	da Statules, the such change wa	above-name s authorized b	d limited liabil y affirmative v	ity company ote of a majo	submits this state rity of the member	ment for the	e purpose of changing accept the appointment	
SIGNATURE			WOTE D	saidlead Seat sign	atura sepuited who	o rejectation)		DATE			
10. Title M	anaging Members/Mana	(Registered Agent Accopting Appointment) (NOTE Registered Agent signaturing Members/Managers Busin			ess Street Address			City, State and Zip Code			
						· · · · · · · · ·					
ibr maleck	I, JOSEPH P		\$5	SCHANK	ROAD,	SUITE	A-1	FREEHOL	D NJ	HEHBOL	
ABR ENGELH	ARDT, SUSAN	R	\$5	SCHANK	ROAD,	SUITE	A-1	PREEHOL	D NJ	неивее	
IBR KLAFTE	R, BRENDA A	L	5	SCHANK	ROAD,	SUITE	A-1	FREEHOL	D NJ	Member	
					•						
							20	10002 -03/04 *****20	1,04 /970 /3,75	082:7 1109008 ****203.75	
										1/3/97	
1								<u> </u>		<u> </u>	

11. 1do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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 808, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGN	ATL	JRE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Brenda A. Klafter

Daytime Phone #