

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90215 003 \*\*\*\*50.00

**DOCUMENT # L04000089259**

1. Entity Name  
 NORTHSHORE 805, LLC



Principal Place of Business  
 328 2ND AVE NORTH  
 JACKSONVILLE BEACH, FL 32250

Mailing Address  
 328 2ND AVE NORTH  
 JACKSONVILLE BEACH, FL 32250

30006660



**DO NOT WRITE IN THIS SPACE**

02172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 14-1919011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SIMON, BERT C  
 1660 PRUDENTIAL DRIVE, SUITE 203  
 JACKSONVILLE, FL 32207

**DO NOT WRITE IN THIS SPACE**

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 of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWE, ANDREW M V 328 2ND AVE NORTH JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MANAGER ELIZABETH H. CORNWELL 1052 CORONADO DRIVE ATLANTA, GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MANAGER J. CULLEN RICHART 328 2ND AVE. NORTH JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: *[Signature]* Date: 2/22/06 Daytona Phone # 904-270-0270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytona Phone #