


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000089259 1. Entity Name NORTHSHORE 805, LLC	
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Principal Place of Business 328 2ND AVE NORTH JACKSONVILLE BEACH, FL 32250	Mailing Address 328 2ND AVE NORTH JACKSONVILLE BEACH, FL 32250
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DO NOT WRITE IN THIS SPACE



01252007No 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

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	MGR CORNWELL, ELIZABETH H 1052 CORONADO DR ATLANTA, GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHART, CULLEN J 328 2ND AVE NORTH JACKSONVILLE BEACH, FL 32250
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 04/06/07-80006-008 50.00

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]* 2/23/07 9042700270
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #