

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN -6 AM 9:54

DOCUMENT # A99000000670

1. Entity Name  
NORSHORE, LTD.



Principal Place of Business  
2275 ATLANTIC BLVD.  
SUITE 100  
NEPTUNE BEACH, FL 32266

Mailing Address  
P.O. BOX 336108  
ATLANTIC BEACH, FL 32233-0108

*[Handwritten initials]*



Suite 100 Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3572831

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORRELL, MARY C ESQ.  
2275 ATLANTIC BLVD., STE 200  
NEPTUNE BEACH, FL 32266

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record. \$150,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. \$150,000.00

\$150,000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P99000049161  
NAME 363 ATLANTIC BLVD., INC.  
STREET ADDRESS 2275 ATLANTIC BLVD., STE 100  
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

600056403586  
06/21/05--01067--001 \*\*526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Chris Hionides

4-4-05

(904) 247-1484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE