

FILED

2003 APR 21 PM 3:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B98000000612

1. Entity Name
NORTHSHORE HAMMOCK LTD., LLLPPrincipal Place of Business
1 FLORIDA PARK DR. SOUTH
SUITE 300
PALM COAST, FL 32137Mailing Address
1 FLORIDA PARK DR. SOUTH
SUITE 300
PALM COAST, FL 32137

2. Principal Place of Business

215 Celebration Place
Suite 200
Celebration FL 34747

3. Mailing Address

215 Celebration Place
Suite 200
Celebration FL 34747

DUE BY: MAY 15, 2003

4. FEI Number
59-3536405Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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: \$29,000,000.0010. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FLA. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # M98000001199
NAME NORTHSHORE GP, LLC
STREET ADDRESS 1 FLORIDA PARK DR. S., SUITE 300
CITY-STATE-ZIP PALM COAST, FL 32137

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-STATE-ZIP 215 CELEBRATION PLACE, SUITE 200
CELEBRATION, FL 34747DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIPSTREET ADDRESS
CITY-STATE-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIPSTREET ADDRESS
CITY-STATE-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIPSTREET ADDRESS
CITY-STATE-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIPSTREET ADDRESS
CITY-STATE-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIPSTREET ADDRESS
CITY-STATE-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 disclosed 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/03

Date

Daytime Phone

STAPLE CHECK HERE

CR2E003 (10/02)

600016661986
04/22/03--01030--004 *\$1102.50

FILED

2003 APR 21 PM 3:38

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



April 17, 2003

VIA OVERNIGHT DELIVERY

Joey Bryan, Examiner
Secretary of State of Florida
409 East Gaines Street
Tallahassee, FL 32399

- RE: 1. Northshore Hammock Ltd., LLLP
 2. Northshore Ocean Hammock Investment Ltd., LLLP
 3. Pine Lake Station, LLC

Dear Joey,

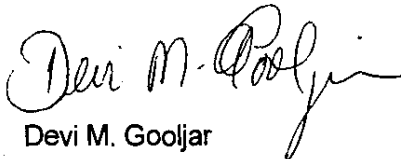
As discussed, enclosed please find 2003 Uniform Business Report for the above three listed entities together with a check in the amount of \$1,102.50 to cover the filing fees for all of the above entities for the filing year 2003.

Please file with the date received and return one file-stamped copy (copies enclosed) as evidence of filing in the enclosed self-addressed stamped envelope back to me.

If you have any questions or need additional information please contact Debra Lee at 321-939-4700 or myself at 321-939-4788.

Sincerely,

GINN DEVELOPMENT COMPANY, LLC
d/b/a THE GINN COMPANY


Devi M. Gooljar