

2001 UNIFORM BUSINESS REPORT (UBR)

0022212 AF

DOCUMENT # L00000003898

1. Entity Name
NORTHSIDE LLC

FILED

01.FEB 23 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1515 RINGLING BLVD., SUITE 890 1515 RINGLING BLVD., SUITE 890
SARASOTA FL 34236 SARASOTA FL 34236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-1020794** Applied For
 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEIMER, LARRY
1515 RINGLING BLVD., SUITE 890
SARASOTA FL 34236

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP
LMBC Investments Ltd. MGRM
274 South Kingsway
Toronto, Ontario, Canada, M6S 3T9

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP
500003769165--1
-02/27/01--01018--008
*******50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

11. 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 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: per: *David W. Healy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

January 25, 2001 (941) 951-2004

Date Daytime Phone #

CR2E083 (11/00)