


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90118 048 ****50.00

DOCUMENT # L00000003898

1. Entity Name
 NORTHSIDE LLC



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

Mailing Address
 1515 RINGLING BLVD., SUITE 890
 C/O GEIMER
 SARASOTA, FL 34236

44010333

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01142004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 65-1020794

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GEIMER, LARRY
 1515 RINGLING BLVD., SUITE 890
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent
 Name
 HENDRICKSON, ROBERT W III
 Street Address (P.O. Box Number is Not Acceptable)
 1206 MANATEE AVENUE WEST
 City BRADENTON FL Zip Code 34205

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

SIGNATURE: *[Signature]* DATE: 1/20/04

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LMBC INVESTMENTS LTD 274 SOUTH KINGSWAY TORONTO, ONTARIO, CA M6S3T9 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* David Whealy 1/20/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #