

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90044 033 ****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**

20062168



06292005 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

7. Name and Address of New Registered Agent

**HENDRICKSON, ROBERT W III
1206 MANATEE AVE. W.
BRADENTON, FL 34205**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Thomas Whealy

Date

Daytime Phone #

7/07/05 (941)-925-9565