


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90060 050 ****50.00

DOCUMENT # L00000003898	
1. Entity Name NORTHSIDE LLC	

200000001



01112006 Chg-LLC CR2E083 (11/05)

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	
2. Principal Place of Business 1990 Main St Suite, Apt. #, etc. Suite 801 c/o Geimer City & State		3. Mailing Address 1990 Main St Suite, Apt. #, etc. Suite 801 c/o Geimer City & State	
Zip	Country	Zip	Country

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 HENDRICKSON, ROBERT W III 1206 MANATEE AVE. W. BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:

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

Thomas Whealy - Member

1/14/06

(941)-365-4617

Date

Daytime Phone #