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FILED

2001 MAY 10 PM 1:59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007666

1. Entity Name

North Shore Properties LLC

Principal Place of Business	Mailing Address
P.O. Box 881 Boynton Beach, FL 33425	P.O. Box 881 Boynton Beach, FL 33425

2. Principal Place of Business	3. Mailing Address
P.O. Box 881	P.O. Box 881
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip: 33425 County:	Zip: 33425 County:

4. FEI Number
65-1019781

☐ 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/Office
Corporate Creations Network Inc. 941 Fourth Street #200 Miami Beach FL 33139	Name: Bernard Pommier Street Address (P.O. Box Number is Not Acceptable): 208 N.E. 3rd Street Suite, Apt. #, etc.: City: Boynton Beach FL Zip Code: 33435

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 Bernard Pommier DATE 5-8-01
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

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

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONAL CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	manager Surf's Up management Corp. same as above	☐ DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700004383[illegible]--2 ☐ CHANGE ☐ ADDITION
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700004383[illegible]--2 -06/08/01--01040--026 *****50.00 *****50.00 ☐ CHANGE ☐ ADDITION
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ CHANGE ☐ ADDITION
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ CHANGE ☐ ADDITION
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SL ☐ 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 Steven J. Lundy Steven J. Lundy 5/1/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone

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