

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000009576

1. Entity Name
NORTH SHORE GOLF CLUB, LLC



Principal Place of Business
**11507 NORTH SHORE GOLF CLUB BLVD.
ORLANDO, FL 32832**

Mailing Address
**11507 NORTH SHORE GOLF CLUB BLVD.
ORLANDO, FL 32832**



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3673147

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SECRIST III, ROBERT C
11507 NORTH SHORE GOLF CLUB BLVD.
ORLANDO, FL 32832**

**DO NOT WRITE
IN THIS SPACE**

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 refusing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000174105
01/07/05-80045-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HOOKER, DOUGLAS P
11507 NORTH SHORE GOLF CLUB BLVD.
ORLANDO, FL 32832**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RUSSELL, DOUGLAS
11507 NORTH SHORE GOLF CLUB BLVD.
ORLANDO, FL 32832**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BURDEN, RANDY O
11507 NORTH SHORE GOLF CLUB BLVD.
ORLANDO, FL 32832**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SECRIST, ROBERT L III
11507 NORTH SHORE GOLF CLUB BLVD.
ORLANDO, FL 32832**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Douglas R. Russell

Date

1/5/05

Daytime Phone #

407-243-9861