

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90035 002 ****50.00

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																									
2. Principal Place of Business 5511 HANSEL AVE. Suite, Apt. #, etc.		3. Mailing Address 5511 HANSEL AVE. Suite, Apt. #, etc.																									
City & State ORLANDO, FL		City & State ORLANDO, FL																									
Zip 32809		Country USA																									
4. FEI Number 59-3673147		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name: DOUGLAS R. RUSSELL Street Address (P.O. Box Number is Not Acceptable): 5511 HANSEL AVE City: ORLANDO FL Zip Code: 32809																									
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: DOUGLAS R. RUSSELL 4/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
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																									
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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 608, Florida Statutes.																											
SIGNATURE: DOUGLAS R. RUSSELL 4/10/06 407-509-8484 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																											