

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 25, 2002 8:00 am**  
**Secretary of State**

09-25-2002 90115 048 \*\*\*\*55.00

DOCUMENT # L00000012929

1. Entity Name

NORTHWOOD SHORES, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6025 EIBA PL

3. Mailing Address

ESAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WOODLAND HILLS, CA

City & State

4. FEI Number

65-1105141

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLES D. BARALETTI

Street Address (P.O. Box Number is Not Acceptable)

8412 NATIVE DANCER RD.

City

PAIM BEACH GARDENS FL

Zip Code

33418

**DO NOT WRITE  
IN THIS SPACE**

8. The above named individual hereby certifies that the information furnished is true and correct for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
GERALD J. VISCONTI JR.  
6025 EIBA PL  
WOODLAND HILLS CA 91367

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CR2E083B (12/01)

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:

