



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90168 007 \*\*\*\*50.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # L01000014839</b><br>1. Entity Name<br>NORTH SHORE CAPITAL MANAGEMENT, L.L.C.   |   |  |  |    |  |
| Principal Place of Business<br>11621 KEW GARDENS AVENUE<br>SUITE 210<br>PALM BEACH GARDENS, FL 33410   |   |  | Mailing Address<br>11621 KEW GARDENS AVENUE<br>SUITE 210<br>PALM BEACH GARDENS, FL 33410   |   |  |
| 2. Principal Place of Business<br><b>3300 PGA Blvd</b><br>Suite, Apt. #, etc.<br><b># 430</b><br>City & State<br><b>Palm Beach Gardens, FL</b><br>Zip<br><b>33410</b> Country<br><b>USA</b>  |   | 3. Mailing Address<br><b>3300 PGA Blvd.</b><br>Suite, Apt. #, etc.<br><b># 430</b><br>City & State<br><b>Palm Beach Gardens, FL</b><br>Zip<br><b>33410</b> Country<br><b>USA</b> |  |   |  |
| 4. FEI Number<br><b>39-1948886</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   |  |  | 05162006      Chg-LLC      CR2E083 (11/05)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>REICH, DOUG</b><br><b>11621 KEW GARDEN AVENUE, SUITE 210</b><br><b>PALM BEACH GARDENS, FL 33410</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |  |  |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 6, 2006</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>REICH, DOUG<br>11621 KEW GARDENS AVE STE 210<br>PALM BEACH GARDENS, FL 33410<br><input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Reich, Doug<br>3300 PGA Blvd. Suite 430<br>Palm Beach Gardens, FL 33410<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |   |  |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  |  |   |  |
| Date _____   |   |  |  | Daytime Phone # _____   |  |