2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State
01-20-2005 90009 017 ****50.00

DOCUMENT # L02000003408

1. Entity Name
SHORE SIDE BUILDERS, LLC

Principal Place of Business	Mailing Address
1936 TENTH STREET NORTH JACKSONVILLE BEACH, FL 32250	1936 TENTH STREET NORTH JACKSONVILLE BEACH, FL 32250

01132005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
129 15th Ave. South		129 15th Ave. South	
Suite, Apt. #, etc.: # A		Suite, Apt. #, etc.: # A	
City & State: Jacksonville Beach, FL		City & State: Jacksonville Beach, FL	
Zip: 32250	Country: USA	Zip: 32250	Country: USA

4. FEI Number: 02-0570206 ☐ 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
AHERN, FRED L JR. 2215 SOUTH THIRD ST., STE. 101 JACKSONVILLE BEACH, FL 32250	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P SCOTT JAMES, MICHAEL 430 9TH AVE N JACKSONVILLE BEACH, FL 32250 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition 129 15th Ave South # A Jax Beach, FL 32250
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VST FLEMING FARMER, RICHARD 641 9TH AVE S JACKSONVILLE BEACH, FL 32250 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition 129 15th Ave South #C Jax. Beach, FL 32250
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ 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: Richard Fleming Farmer 01/13/05 VST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE