

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90437 029 \*\*\*\*50.00

**DOCUMENT # L02000005334**

1. Entity Name

**SHORELINE CAPITAL VENTURES, LLC**



Principal Place of Business

**P.O. BOX 15663  
TALLAHASSEE FL 32317**

Mailing Address

**P.O. BOX 15663  
TALLAHASSEE FL 32317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-3630094**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required



**MOORE CR2E083 (11/03)**

6. Name and Address of Current Registered Agent

**GEORGE, NICHOLAS MIKE III  
7279 OLD BAINBRIDGE RD.  
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name **GEORGE, NICHOLAS MIKE III**  
Street Address (P.O. Box Number is Not Acceptable) **3666 PEDDIE DR**  
City **TALLAHASSEE** FL Zip Code **32303**

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.

**Nick George Pres.**

(NOTE: Registered Agent Signature required when reinstating)

**3/3/04**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **GEORGE, NICHOLAS MIKE III**  
STREET ADDRESS **P.O. BOX 15663**  
CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Nick George Pres. 3/3/04 850-54-9239**

Date

Daytime Phone #