

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027036

Entity Name: SHADOWS NORTH, L.L.C.

FILED
Mar 16, 2004
Secretary of State

Current Principal Place of Business:

1715 HYDE PARK
SARASOTA, FL 34239

New Principal Place of Business:

330 SOUTH ORANGE AVE
SARASOTA, FL 34236

Current Mailing Address:

P.O. BOX 37606
SARASOTA, FL 34278

New Mailing Address:

330 SOUTH ORANGE AVE
SARASOTA, FL 34236

FEI Number: 57-1167657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENT, JOHN C JR. ESQ
330 SOUTH ORANGE AVE.
SARASOTA, FL 34236

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HOLLIDAY, CRAIG
Address: P.O. BOX 37606
City-St-Zip: SARASOTA, FL 34278

Title: MGRM () Delete
Name: DENT, JOHN C JR.
Address: P.O. BOX 3259
City-St-Zip: SARASOTA, FL 34230

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOLLIDAY, CRAIG
Address: 330 SOUTH ORANGE AVE
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CRAIG HOLLIDAY

MGRM

03/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date