

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000013397

**FILED  
Jan 12, 2005  
Secretary of State**

**Entity Name:** NORTH LAKESHORE, LLC

**Current Principal Place of Business:**

1131 N. LAKESHORE DR.  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

1131 N. LAKESHORE DR.  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 56-2344744      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SABA, RICHARD D ESQ  
SABA & KING, LLP  
2033 MAIN ST., STE. 303  
SARASOTA, FL 34237 US

**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:** FIERS, CARLISLE W JR.  
**Address:** 1131 N. LAKESHORE DR.  
**City-St-Zip:** SARASOTA, FL 34231

**ADDITIONS/CHANGES:**

**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: CARLISLE W. FIERS, JR.

MGRM

01/12/2005

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