


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000019500
 1. Entity Name
 NORTH SHORE APTS, LLC



Principal Place of Business 4225 W 16 AVE HIALEAH, FL 33012	Mailing Address 4225 W 16 AVE HIALEAH, FL 33012
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04182005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2428884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SPETKO, MICHAEL
 4225 W 16 AVE
 HIALEAH, FL 33012

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPETKO, MICHAEL 4225 W 16 AVE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALVAREZ, SANTIAGO 4225 W 16 AVE HIALEAH, FL 33012
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 04/25/05-80034-017 50.00

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: 4/18/05 301 668-5603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE