## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

**FILED** Apr 24, 2006 08:00 AM Secretary of State

| DOC    | <b>JMENT</b> | · # ( | 0300 | ነበበ 1 | 195801 |
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1. Entity Name NORTH SHORE APTS, LLC



Principal Place of Business

4225 W 16 AVE HIALEAH, FL 33012 Malling Address

4225 W 16 AVE HIALEAH, FL 33012



DO NOT WRITE IN THIS SPACE

04102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2428884 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPETKO, MICHAEL 4225 W 16 AVE HIALEAH, FL 33012

TITLE NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this stat<br>tions of registered agent.                         | ement for the purpose at che | anging its registered  | d office or registered agent, or bo   | th, in the State of Florida. I am familiar with, and a |
|--|--|------------------------------|--|---------------------------------------|--|
| SIGNATURE  |  |                              | (NOTE: Registated Agent signature required when reinstaling) |                                       | CATE   |
| F  | iling Fee Is \$50.00<br>ue by May 1, 2006  |                              |  |                                       | · ·  |
| 9.   | MANAGING   | MEMBERS/MANAGERS             |  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS                  | MGRM<br>SPETKO, MICHAEL<br>4225 W 16 AVE   |                              |  | • •                                   | Saning of the A  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP | HIALEAH, FL 33012<br>MGRM<br>ALVAREZ, SANTIAGO<br>4225 W 16 AVE<br>HIALEAH, FL 33012 | -<br>**                      | :  | · · · · · · · · · · · · · · · · · · · | 05/05/06-80114-003 50.00                               |
| TITLE NAME STREET ADDRESS CATY-ST-ZIP            |  |                              |  | DO                                    | NOT WRITE  |
| NAME SIREET ADDRESS CITY-ST-ZIP                  |  | , =                          |  | IN T                                  | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP            |  |                              |  |                                       |  |

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chepter 119, 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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MICHINEL TRE ILE
WING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

305-448-9339

Davrime Phone 6