


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
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
 3346 MCDONALD STREET
 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE



03272008No Chg-LLC CR2E083 (12/07)

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

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000913053
 05/07/08-80104-022 138.75

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

SIGNATURE: M. Spetko MGR 305 448-9339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 3/31/08 Daytime Phone #