

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031569

FILED
Apr 10, 2009
Secretary of State

Entity Name: SOUTH SHORE REAL ESTATE, LLC

Current Principal Place of Business:

10445 GIBSONTON DR.
RIVERVIEW, FL 33578

New Principal Place of Business:

Current Mailing Address:

12341 CREEK EDGE DR.
RIVERVIEW, FL 33579

New Mailing Address:

10445 GIBSONTON DR.
RIVERVIEW, FL 33578

FEI Number: 55-0865032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PICHETTE, EDWARD L JR
12341 CREEK EDGE DRIVE
RIVERVIEW, FL 33579 US

Name and Address of New Registered Agent:

PICHETTE, EDWARD L JR
5071 RUBY FLATS DRIVE
WIMAUMA, FL 33598 US

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: EDWARD L PICHETTE JR

04/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PICHETTE, EDWARD L JR
Address: 12341 CREEK EDGE DR.
City-St-Zip: RIVERVIEW, FL 33579

Title: MGRM () Delete
Name: PICHETTE, BONNIE L
Address: 12341 CREEK EDGE DR.
City-St-Zip: RIVERVIEW, FL 33579

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PICHETTE, EDWARD L JR
Address: 5071 RUBY FLATS DRIVE
City-St-Zip: WIMAUMA, FL 33598

Title: MGRM (X) Change () Addition
Name: PICHETTE, BONNIE L
Address: 5071 RUBY FLATS
City-St-Zip: WIMAUMA, FL 33598

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BONNIE L PICHETTE

MGRM

04/10/2009

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