

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053876

FILED
Jul 25, 2005
Secretary of State

Entity Name: NORTSHORE ISLANDS ESTATES, LLC

Current Principal Place of Business:

1892 WITCHTREE ACRES
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1892 WITCHTREE ACRES
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WATKINS, STEVE M III
215 DELTA CT.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

BINGHAM, FRASIER O
1892 WITCHTREE ACRES
TALLAHASSEE, FL 32312 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: FRASIER O. BINGHAM

07/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BINGHAM, FRAZIER O
Address: 1892 WITCHTREE ACRES
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: HANSMAN, ROBERT H
Address: 1270 WILLOW PARK WAY
City-St-Zip: CUMMING, GA 30041

Title: MGRM () Delete
Name: HANSMAN, BARBARA B
Address: 1279 WILLOW PARK WAY
City-St-Zip: CUMMING, GA 30041

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BINGHAM, FRASIER O
Address: 1892 WITCHTREE ACRES
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRASIER O. BINGHAM

PRES

07/25/2005

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