

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053876

FILED  
Jan 13, 2008  
Secretary of State

Entity Name: NORTSHORE ISLANDS ESTATES, LLC

## Current Principal Place of Business:

215 WEST COLLEGE AVE.  
504  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 906  
TALLAHASSEE, FL 32302

## New Mailing Address:

215 WEST COLLEGE AVE.  
504  
TALLAHASSEE, FL 32301

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BINGHAM, FRASIER O  
215 WEST COLLEGE AVE  
SUITE 504  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BINGHAM, FRASIER O  
Address: P. O. BOX 906  
City-St-Zip: TALLAHASSEE, FL 32302

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: 215 W. COLLEGE AVE #504  
City-St-Zip: TALLAHASSEE, FL 32301

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 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: FRASIER O. BINGHAM

DR.

01/13/2008

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