

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053876

FILED
Jan 14, 2009
Secretary of State

Entity Name: NORTHSHORE ISLANDS ESTATES, LLC

Current Principal Place of Business:

215 WEST COLLEGE AVE.
504
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

215 WEST COLLEGE AVE.
504
TALLAHASSEE, FL 32301

New Mailing Address:

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

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

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.

01/14/2009

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