

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075100

FILED
Feb 10, 2005
Secretary of State

Entity Name: WEST SHORE PARTNERS, LLC

Current Principal Place of Business:

% ADEVCO CORPORATION
3867 HOLCOMB BRIDGE ROAD
NORCROSS, GA 30092

New Principal Place of Business:

Current Mailing Address:

% ADEVCO CORPORATION
3867 HOLCOMB BRIDGE ROAD
NORCROSS, GA 30092

New Mailing Address:

FEI Number: 04-3798665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
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/MEMBERS:

Title: MGRM () Delete
Name: KRAXBERGER, DAVID M
Address: 510 STONEMOOR CIRCLE
City-St-Zip: BOSWELL, GA 30075

Title: MGRM () Delete
Name: NEAL, WILLIAM R
Address: 9435 NESBIT LAKES DRIVE
City-St-Zip: ALPHARETTA, GA 30022

ADDITIONS/CHANGES:

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: DAVID M. KRAXBERGER

MGRM

02/10/2005

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