

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075100

Entity Name: WEST SHORE PARTNERS, LLC

FILED  
Feb 27, 2008  
Secretary of State

## Current Principal Place of Business:

% ADEVCO CORPORATION  
3867 HOLCOMB BRIDGE ROAD  
NORCROSS, GA 30092

## Current Mailing Address:

% ADEVCO CORPORATION  
3867 HOLCOMB BRIDGE ROAD  
NORCROSS, GA 30092

## New Principal Place of Business:

% ADEVCO CORPORATION  
400 NORTHRIDGE ROAD, SUITE 620  
ATLANTA, GA 30350

## New Mailing Address:

% ADEVCO CORPORATION  
400 NORTHRIDGE ROAD, SUITE 620  
ATLANTA, GA 30350

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.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: 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 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: DAVID M KRAXBERGER

MGRM

02/27/2008

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