2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L04000075100

Entity Name: WEST SHORE PARTNERS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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.
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 MR. 01/15/2009

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