

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005431

FILED  
May 01, 2008  
Secretary of State

Entity Name: LANDSHORE COMMUNITIES, LLC

**Current Principal Place of Business:**

51410 MILANO DRIVE  
115  
MACOMB, MI 48042 US

**New Principal Place of Business:**

**Current Mailing Address:**

51410 MILANO DRIVE  
115  
MACOMB, MI 48042 US

**New Mailing Address:**

FEI Number: 20-2277658      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FERLITA, ANTHONY  
9350 BAY PLAZA BLVD  
SUITE 120-25  
TAMPA, FL 33619 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: GERIC, DOMINIC G  
Address: 51410 MILANO DRIVE #115  
City-St-Zip: MACOMB, MI 48042 US

Title: MGRM ( ) Delete  
Name: FERLITO, ANTHONY  
Address: 14200 ROYAL HARBOUR CT., #405  
City-St-Zip: FORT MYERS, FL 33908 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: FERLITO, ANTHONY  
Address: 27087 GRATIOT AVE  
City-St-Zip: ROSEVILLE, MI 48066

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: DOMINIC GERIC

MGR

05/01/2008

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