2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90100 026 ***138.75

DOCUMENT # L05000033310

1. Entity Name

NORTHSHORE PARTNERS, LLC

Principal Place of Business	Mailing Address
1931 COMMERCE LANE SUITE 1 JUPITER FL 33458 US	1931 COMMERCE LANE SUITE 1 JUPITER FL 33458 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1828 Venetian Pt Dr.	1828 Venetian Pt Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, Fl	City & State: Clearwater, Fl
Zip: 33755 / Country: US	Zip: 33755 / Country: US

4. FEI Number: 20-2750295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RENFROE, ANDREW S
18973 S.E. JUPITER RIVER DRIVE
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name: Rowland W. Milam
Street Address (P.O. Box Number is Not Acceptable): 1828 Venetian Pt Dr
City: Clearwater FL Zip Code: 33755

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Rowland W. Milam 04/07/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RENFROE, ANDREW S 1931 COMMERCE LANE, SUITE 1 JUPITER FL 33458 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MILAM, ROWLAND 1931 COMMERCE LANE, SUITE 1 JUPITER FL 33458 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Milam Rowland 1828 Venetian Pt Dr Clearwater, Fl 33755 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] Rowland W. Milam 04/07/2008 727 441 1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #