


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90346 033 ****55.00

| | |
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| DOCUMENT # L05000106722 1. Entity Name NORTH SHORE AT BALDWIN PARK, LLC |  |
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| Principal Place of Business 950 CELEBRATION BLVD., SUITE F CELEBRATION, FL 34747 | Mailing Address 950 CELEBRATION BLVD., SUITE F CELEBRATION, FL 34747 |
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60033918



04032007No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-3811076 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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|---|
| 6. Name and Address of Current Registered Agent ROTHMAN, MICHAEL 11900 BISCAYNE BLVD., SUITE 740 MIAMI, FL 33181 |
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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ISSA, FRANCIS J 950 CELEBRATION BLVD., SUITE F CELEBRATION, FL 34747 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HEMPEL, DONALD E 950 CELEBRATION BLVD., SUITE F CELEBRATION, FL 34747 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MARCHELL, JEFFREY F 950 CELEBRATION BLVD., SUITE F CELEBRATION, FL 34747 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **Jeffrey Marchell** **4-3-07** **407 546 4772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #