

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106722

FILED
Apr 23, 2009
Secretary of State

Entity Name: NORTH SHORE AT BALDWIN PARK, LLC

Current Principal Place of Business:

950 CELEBRATION BLVD., SUITE F
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

950 CELEBRATION BLVD., SUITE F
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-3811076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROTHMAN, MICHAEL
11900 BISCAYNE BLVD., SUITE 740
MIAMI, FL 33181 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: MGR () Delete
Name: ISSA, FRANCIS J
Address: 950 CELEBRATION BLVD., SUITE F
City-St-Zip: CELEBRATION, FL 34747

Title: MGR () Delete
Name: HEMPEL, DONALD E
Address: 950 CELEBRATION BLVD., SUITE F
City-St-Zip: CELEBRATION, FL 34747

Title: MGR () Delete
Name: MARCHELL, JEFFREY F
Address: 950 CELEBRATION BLVD., SUITE F
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

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

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: JEFFREY MARCHELL

VP

04/23/2009

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