


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90225 021 ***138.75

DOCUMENT # L07000081186 1. Entity Name NORTH WESTSHORE, L.L.C.					
Principal Place of Business 1200 N WESTSHORE BLVD. TAMPA, FL 33607			Mailing Address 1200 N WESTSHORE BLVD. TAMPA, FL 33607		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 13109			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TAMPA, FL		4. FEI Number 26-0675803	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33681		Country HILLSBOROUGH		02222008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent OLSON, LAURA A OLSON & BEARDEN, P.A. 200 N. PIERCE STREET, 4TH FLOOR TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>LAURA A. OLSON</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGR RICHARD CALDERONI LIVING TRUST 2302 S. WESTSHORE BLVD. TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARD CALDERONI LIVING TRUST 3640 S. WEST SHORE BLVD TAMPA, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MGR MAH DIEH, AMIR A. 3640 S. WEST SHORE BLVD TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAH DIEH, AMIR A. 3640 S. WEST SHORE BLVD TAMPA, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <u>Amir A. Mahdiah</u> AMIR A. MAHDIEN VICE PRESIDENT 2-28-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					