

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000854

FILED
Feb 05, 2007
Secretary of State

Entity Name: SOUTH SHORE HOTEL ASSOCIATES, L.L.C.

Current Principal Place of Business:

3111 FORTUNE WAY, SUITE B-18
WEST PALM BEACH, FL 33414

New Principal Place of Business:

Current Mailing Address:

3111 FORTUNE WAY, SUITE B-18
WEST PALM BEACH, FL 33414

New Mailing Address:

FEI Number: 65-0915288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, STEVEN
3111 FORTUNE WAY B-18
WEST PALM BEACH, FL 33414 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: HOFFMAN, HERBERT
Address: 21 N MILITARY TR
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGR () Delete
Name: SHAPIRO, STEVEN
Address: 3111 FORTUNE WAY, SUITE B-18
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: PERTNOY, RONNIE
Address: 3111 FORTUNE WAY, SUITE B-18
City-St-Zip: WELLINGTON, FL 33414

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 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: STEVEN SHAPIRO

MGR

02/05/2007

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