

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90409 038 ****50.00

DOCUMENT # M02000003458

1. Entity Name



SOUTH SHORE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9349 AIRPORT BLVD

3. Mailing Address
3200 WINDY HILL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 1500 W

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL

City & State
ATLANTA GA

4. FEI Number
72-1522280

Applied For
Not Applicable

Zip
32827

Country

Zip
30339

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City
PLANTATION

FL

Zip Code
33324

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
WINSTON BURNS
1726 LAKESHORE DR
NEW ORLEANS, LA 70122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
ASAY SHAN
2145 VILLAGE POINT
ATLANTA GA 30319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
WENDY BURNS
1726 LAKESHORE DRIVE
NEW ORLEANS LA 70122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

ASAY SHAN

4/8/03

770 952 0705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)