


2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP -8 PM 1:45

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # M98000001199

NORTHSHORE GP, LLC
P.O. BOX 350584
PALM COAST FL 32135

1a. Principal Place of Business Address

9 MADEIRA COURT
PALM COAST FL 32135

2 Principal Place of Business

12 Office Park Drive
Suite, Apt #, etc.

Unit B
City & State

Palm Coast, FL
Zip
32137

2a. Mailing Address

3343 Peachtree Road NE
Suite, Apt #, etc.

Suite 1600
City & State

Atlanta, GA
Zip
30326

3. Date Organized or Qualified

10/16/1998

4. FEI Number

59-3536403

5. Date of Last Report

N/A

3a. State of Formation

GA

☐ Applied For

☐ Not Applicable

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name

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

Suite, Apt #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (b)(1) Registered Agent signature required when resigning

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

GINN, EDWARD R

~~9 MADEIRA COURT~~
12 Office Park Drive, Unit B

PALM COAST FL 32137

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11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:



Edward R. Ginn

8/30/99

904-446-8446

(Signature and Title of Third Party Name of Signing Managing Member or Manager)

Date

Phone Number

VIA FEDERAL EXPRESS

Division of Corporations
Secretary of State
Florida Department of State
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

RE: Hammock Beach Resort Co., LLC and
Northshore GP, LLC

Dear Sir or Madam:

Enclosed are the 1999 Limited Liability Company Annual Registrations for the above-referenced limited liability companies. Also enclosed are two (2) checks, each payable to the Florida Department of State for the \$188.75 filing fees.

We have not included the \$400.00 late fee for each company, as we were advised by your office that the late fees could be waived, since these two Annual Registration forms, marked 2nd, and Final Notice, are the first Annual Registrations that we have seen for these companies.

Thank you for waiving the late fees and filing the Annual Registrations.

Very truly yours,



Edward R. Ginn
Manager of Hammock Beach Resort Co., LLC and
Northshore GP, LLC