

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013043

FILED
Apr 30, 2005
Secretary of State

Entity Name: NORTH/SOUTH EQUIPMENT SERVICES, L.C.

Current Principal Place of Business:

1605 MAIN STREET, SUITE 1001
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1605 MAIN STREET, SUITE 1001
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-1050004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSMITH, STANLEY A
1605 MAIN STREET, SUITE 1001
SARASOTA, FL 34236 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/MEMBERS:

Title: MGRP () Delete
Name: CORBETT, BRUCE
Address: 104 DOYLE DR.
City-St-Zip: GUELPH ONTARIO CANADA N1G5B4,

Title: MGR () Delete
Name: EMSON EQUIPMENT, INC, .
Address: 1605 MAIN STREET, SUITE 1001
City-St-Zip: SARASOTA, FL 34236

Title: ST () Delete
Name: CORBETT, BRUCE
Address: 104 DOYLE DR.
City-St-Zip: GUELPH ONTARIO CANADA N1G5B4,

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 Section 119.07(3)(i), 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: BRUCE CORBETT

MGR

04/30/2005

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