## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L02000029443**1. Entity Name

NC SOUTH, LLC

**FILED** Feb 20, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

14797 PEACH RIVER WAY PALM BEACH GARDENS, FL 33418 Mailing Address

14797 PEACH RIVER WAY PALM BEACH GARDENS, FL 33418



01232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1877329 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHONE, LARRY T 72 N.E. 5TH AVENUE DELRAY BEACH, FL 33483

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	e named entity submits this statement for the purpose of cha- tions of registered agent.	anging its registere	d office or registered agent, or both, in the \$	itate of Florida. I am familiar with, a	nd accept
SIGNATURE.					
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBERS/MANAGERS			-	<del> </del>
TITLE	MGRM				
NAME	STEINHART, CONRAD				
STREET ADDRESS	14797 PEACH RIVER WAY				
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418				
7/T) F					

1JI00000433658 03/02/06-80004-022 50.00

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NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 317) F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 trusteeping wind to execute this report as required by Chapter 608, Florida Statutes.

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