


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000034144</b> 1. Entity Name NORTH/SOUTH GROUP, L.L.C.	
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Principal Place of Business 1811 S.E. 45TH ST. CAPE CORAL, FL 33904	Mailing Address 5469 CORONADO DR. MENTOR, OH 44060
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**DO NOT WRITE IN THIS SPACE**



03042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 13-4263685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  WRIGHT, CHRISTINE F ESQ 4427 S.E. 16TH PLACE #2 CAPE CORAL, FL 33904	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRAMER, GERALD K 5469 CORONADA DRIVE MENTOR, OH 44060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRAMER, SCOTT M 1265 LOST NATION RD APT #9 WILLOUGHBY, OH 44094
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALBAUGH, SONYA 1265 LOST NATION RD APT #9 WILLOUGHBY, OH 44094
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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03/16/05-80015-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] 3/12/05 440 257 2981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #