


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000034144 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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03102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4263685	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WRIGHT, CHRISTINE F ESQ 4427 S.E. 16TH PLACE #2 CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

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. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000530782 05/06/06-80012-013 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  3/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #