

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000034144**

1. Entity Name  
NORTH/SOUTH GROUP, L.L.C.



Principal Place of Business  
1811 S.E. 45TH ST.  
CAPE CORAL, FL 33904

Mailing Address  
5469 CORONADO DR.  
MENTOR, OH 44060



02282007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4263685

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

**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, 2007**

07/24/07-800003-025 50.00

**9. MANAGING MEMBERS/MANAGERS**

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

**DO NOT WRITE  
IN THIS SPACE**

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

7/2/07

Date

440 257 2981

Daytime Phone #