

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**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**



03042008 No Chg-LLC

CR2E083 (12/07)

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**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	

U00000868618  
04/03/08-80017-003 138.75

**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

**3/15/08** **440 257**  
**2981**

Date

Daytime Phone #