

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

1. Entity Name NORTHSOUTH STUDIOS, LLC	
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Principal Place of Business P.O. BOX 470 MICANOPY, FL 32667 US	Mailing Address P.O. BOX 470 MICANOPY, FL 32667 US
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DO NOT WRITE IN THIS SPACE



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4. FEI Number 59-3739421	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 00000000000000000000

6. Name and Address of Current Registered Agent

OSTLAND, ELYSE J
202 NW 5TH ST.
MICANOPY, FL 32667

**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, 2005**

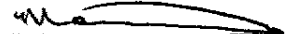
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSTLAND, ELYSE J 202 NW 5TH ST. MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, MARSHALL E 202 NW 5TH ST MICANOPY, FL 32667
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/24/05

Date

(352)466-9296

Daytime Phone #