-2607 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR) DOCUMENT # L05000083282

1. Entity Name



FILED Apr 17, 2007 8:00 am Secretary of State 04-17-2007 90250 046 ****50.00

NORTH SOUTH VENTURES LLC	
Principal Place of Business	Mailing Address
762 OVERBROOK DRIVE FT. WALTON BEACH FL 32547-3590	762 OVERBROOK DRIVE FT. WALTON BEACH FL 32547-3590
2. Principal Place of Business - No P.O. Box #	3. Mailing Address



2. Principal P	lace of Business - No P.O. Box #	Business - No P.O. Box # 3. Mailing Address			IBBIIBII BIS Catel C ilii Bâtî		6 <u>1</u> 1111 1100 10110 1	B B B B B B B B B B B B B B B B B B B	
Suite, Apt. #, etc.		Suite. Apt. #, etc.	Suite. Apt. #, etc.		1st MOORE CR2E083 (10/06)				
City & State		City & State	City & State		4. FEI Number 20-3702484 Applied For Not Applicable				
Žip	Country	Zip	Country	5, Cortifica	to of Status Desire		\$5.00 Add	titional	
	6. Name and Address of Curren	t Registered Agent		7. Name at	nd Address of Ne				
			Name				_		
FLORIDA FILING & SEARCH SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE FL 32301		Stroet A	Street Address (P.O. Box Number is Not Acceptable)						
		City			FL.	Zip Cod	0		
8. The above	named entity submits this statement f	or the purpose of changing is	ts registered office o	r registered agent, or b	ooth, in the State o	f Florida. I am	familiar with,	and accept	
ine obligat	ions of registered agent.								
SIGNATURE.	Signature, typed or printed name of registered agen	if and tille if applicable (NC	OFE. Registered Agent signer	are required when reinstating)		DATE			
		Make Check Payal	IOW!!! FEE IS \$ ble to Florida Dec						
		_	ue By May 1, 200	1					
9.	MANAGING MEMB		10.		ADDITIO	NS/CHANGES			
11111	MGRM	□ Defete	10.		ADDITIO	NO) CHANGES	☐ Change	Addition	
NAME:	TEASDALE, WILLIAM M	_ Balate	NAMé.				onange		
STREET ADDRESS	762 OVERBROOK DRIVE		STRIFET ADDRESS						
CITY ST-7IP	FT. WALTON BEACH FL 32547-	3590	CITY ST 7IP						
HILL	MGRM	☐ Delete	HHE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME	TEASDALE, REBECCA A		NAME				•		
STREET ADDRESS	105 CALAMET TURN		STRULTADDAYSS						
CITY ST-ZIP	YORKTOWN VA 23693	<u></u>	CITY ST-ZIP						
DILL	MGRM	☐ Delete	HITE				Change	Addition	
NAME	TEASDALE, ANITA I		MAME	 					
STREET ADDRESS	762 OVERBROOK DRIVE		STREET ADDRESS						
CITY ST-7IP	FT. WALTON BEACH FL 32547-	3590	CITY ST ZIP	<u> </u>					
SHILE	MGRM	Delete	a HHT				☐ Change	Addition	
NAME	TEASDALE, MATTHEW B		NAME						
STREET ADDRESS	105 CALMET TURN		STREET ADDRESS						
CITY ST ZIP	YORKTOWN VA 23693		CHY ST ZIP	<u> </u>					
11111	MGRM	☐ Delete	RIUE				Change	Addition	
NAME STREET ADDRESS	TEASDALE, MARTIN W 108 KENNETH DRIVE		NAME CHIEFTADISDECE						
STREET ADDRESS CITY ST-ZIP	SEAFORD VA 23696		STHEFT ADDRESS CITY ST ZIP						
							TT (:		
HARE	MGRM BREWER, REBECCA L	☐ Delete	SHILL	Rebeco L.	Teandals -	Lane	C Change	Addition	
NAME STREET ADDRESS	3515 BANCROFT DRIVE		NAME STREET ADDRESS	neseen L.	· Chi Mad com.				
CITY-SI-ZIP	VIRGINIA BEACH VA 23452		CHY S1-ZIP						
**	,								

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT

Additional Managing Member

Title

MGRM

Name Address Leann C Teasdale

108 Kenneth Drive City, St, zip Seaford, VA 23693