

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002074

FILED
Apr 05, 2006
Secretary of State

Entity Name: THE NANSHE GROUP, LLC

Current Principal Place of Business:

1693 WINTERHILL COURT
MONTGOMERY, IL 60538

New Principal Place of Business:

Current Mailing Address:

1693 WINTERHILL COURT
MONTGOMERY, IL 60538

New Mailing Address:

FEI Number: 31-1726835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

TARR, SCOTT R MGRM
940 W OAKLAND AVE
SUITE A-9
OAKLAND, FL 34787 US

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.

SIGNATURE: SCOTT R TARR

04/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EUCKER, SCOTT
Address: 1693 WINTERHILL COURT
City-St-Zip: MONTGOMERY, IL 60538

Title: MGRM () Delete
Name: TARR, SCOTT R
Address: PO BOX 1669
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EUCKER, SCOTT R
Address: 1693 WINTERHILL COURT
City-St-Zip: MONTGOMERY, IL 60538

Title: MGRM (X) Change () Addition
Name: TARR, SCOTT R
Address: 940 W OAKLAND AVE SUITE A-9
City-St-Zip: OAKLAND, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT R. TARR

MGRM

04/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date