

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90378 012 \*\*\*150.00

<b>DOCUMENT # P03000070913</b> 1. Entity Name THE LONDON GROUP SOUTH, INC.					
Principal Place of Business 800 SEAGATE DRIVE SUITE 302 NAPLES, FL 34103			Mailing Address 800 SEAGATE DRIVE SUITE 302 NAPLES, FL 34103		
2. Principal Place of Business			3. Mailing Address 38500 Woodward AVE		
Suite, Apt. #, etc. 310			Suite, Apt. #, etc. 310		
City & State Bloomfield Hills, MI			City & State Bloomfield Hills, MI		
Zip 48304		Country		4. FEI Number 02-0698184	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARONOFF, JANET 800 SEAGATE DRIVE SUITE 302 NAPLES, FL 34103					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST Daniel J. Aronoff 38500 Woodward Ave. STE 310 Bloomfield Hills, MI 48304				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Signature]				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: [Signature] 2-19-04 248-642-0190 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					