

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90300 018 ***150.00

DOCUMENT # P03000070913			
1. Entity Name THE LONDON GROUP SOUTH, INC.			
Principal Place of Business 800 SEAGATE DRIVE SUITE 302 NAPLES, FL 34103		Mailing Address 38500 WOODWARD AVE. STE 310 BLOOMFIELD HILLS, MI 48304	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		21 E Long Lake Road	
City & State		Suite 100	
City & State		Bloomfield Hills, MI	
Zip	Country	Zip	Country
48304		48304	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARONOFF, JANET. 800 SEAGATE DRIVE SUITE 302 NAPLES, FL 34103		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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST: <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONOFF, DANIEL J	NAME	
STREET ADDRESS	38500 WOODWARD AVE. STE 310	STREET ADDRESS	21 E Long Lake Road
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304	CITY-ST-ZIP	Bloomfield Hills, MI 48304
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 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: _____		Date: 4/06/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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4. FEI Number 02-0698184 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required