2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1 03000014364

FILED Mar 27, 2006 8:00 am Secretary of State

City & State City & State City & State City & State Country Zip Country S. Certificate of Status Desired \$5.00 Additing Fee Required S. Certificate of Status Desired \$5.00 Additing Fee Required S. Certificate of Status Desired \$5.00 Additing Fee Required S. Certificate of Status Desired \$5.00 Additing Fee Required S. Certificate of Status Desired \$5.00 Additing Fee Required State Desired S	d For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Status Desired Status Desired \$5.00 Addit Fee Required \$5.00 Addit Fee Required \$5.00 Addit Fee Required To Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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, at the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE MGRM JONES, STEVEN A MGRM MGRM JONES, STEVEN A MGRM MGRM JONES, STEVEN A MGRM MGRM JONES, STEVEN A MGRM MGRM JONES, STEVEN A MGRM MGRM JONES, STEVEN A MGRM MGRM JONES, STEVEN A MGRM MGRM JONES, STEVEN A MGRM MGRM JONES, STEVEN A MGRM MGRM JONES, STEVEN A MGRM MGRM JONES, STEVEN A MGRM MGRM MGRM JONES, STEVEN A MGRM MGRM MGRM MGRM JONES, STEVEN A MGRM MGRM JONES, STEVEN A MGRM MGRM JONES, STEVEN A MGRM	d For
City & State Country Country Country 5. Certificate of Status Desired \$5.00 Addit Fee Required Fee Required 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City City FL City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. 1 am familiar with, at the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Bark Number is Not Acceptable) Public by May 1, 2008 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME NAME KUBIK, RAYMOND D STREET ADDRESS CITY-ST-2P CINCINNATI, OH 45208 TITLE MGRM MGRM NAME SIREET ADDRESS CITY-ST-2P CINCINNATI, OH 45208 TITLE NAME JONES, STEVEN A NAME JONES, STEVEN A NAME JONES, STEVEN A Lange Change	plicable
City & State City & State City & State Country Zip Country St. Certificate of Status Desired \$5.00 Additional Fee Required St. Certificate of Status Desired \$5.00 Additional Fee Required St. Certificate of Status Desired \$5.00 Additional Fee Required St. Certificate of Status Desired \$5.00 Additional Fee Required St. Certificate of Status Desired \$5.00 Additional Fee Required St. Certificate of Status Desired Status Desired St. Certificate of Status Desire	plicable
Steel Address of Current Registered Agent Steel Address of Status Desired \$5.00 Additional Fee Required	<u> </u>
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code	
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the State of Florida. I am familiar with, at the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when remaining) DATE Filling Fee is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ITILE NAME KUBIK, RAYMOND D STREET ADDRESS CITY-ST-ZIP KUBIK, RAYMOND D STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45208 Delete NAME NIELSEN, S. CHRISTIAN III STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45208 Delete NAME NIELSEN, S. CHRISTIAN III STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45208 Delete NAME	
Street Address (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, at 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) Part	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, as the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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, 2006 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE P INTEREST ADDRESS 2726 OBSERVATORY AVE. CITY-ST-ZIP TITLE MGRM Delete NIEL MGRM NIELSEN, S. CHRISTIAN III STREET ADDRESS 2726 OBSERVATORY AVE. CITY-ST-ZIP TITLE MGRM Delete NAME STREET ADDRESS 2726 OBSERVATORY AVE. CITY-ST-ZIP TITLE MGRM Delete NAME STREET ADDRESS 2726 OBSERVATORY AVE. CITY-ST-ZIP TITLE MGRM DELETE NAME STREET ADDRESS 2726 OBSERVATORY AVE. CITY-ST-ZIP TITLE MGRM DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE MGRM Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MGRM Delete TITLE CITY-ST-ZIP	accept
Filling Fee Is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME KUBIK, RAYMOND D STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45208 TITLE NAME NAME NIELSEN, S. CHRISTIAN III STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45208 TITLE NAME NIELSEN, S. CHRISTIAN III STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45208 TITLE NAME NIELSEN, S. CHRISTIAN III STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45208 TITLE MGRM NIELSEN, S. CHRISTIAN III STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45208 TITLE MGRM JONES, STEVEN A MGRM JONES, STEVEN A MGRM JONES, STEVEN A	—
PILING Fee Is \$30.00 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE P	
TITLE P KUBIK, RAYMOND D Change NAME STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45208 TITLE NAME NIELSEN, S. CHRISTIAN III STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45208 TITLE NAME NIELSEN, S. CHRISTIAN III STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45208 TITLE NAME NAME NAME NAME NAME NAME TITLE NAME NAME TITLE NAME NAME TITLE NAME NAME TITLE NAME	
Delete	
CITY-ST-ZIP CINCINNATI, OH 45208 CITY-ST-ZIP TITLE MGRM Delete TITLE NAME NIELSEN, S. CHRISTIAN III NAME STREET ADDRESS 2726 OBSERVATORY AVE. STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45208 CITY-ST-ZIP TITLE MGRM Delete TITLE NAME JONES, STEVEN A NAME	Addition
TITLE MGRM Delete TITLE Change NAME NIELSEN, S. CHRISTIAN III NAME NAME STREET ADDRESS 2726 OBSERVATORY AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CINCINNATI, OH 45208 TITLE MGRM Delete TITLE NAME JONES, STEVEN A NAME NAME	
CITY-ST-ZIP	Addition
TITLE MGRM Delete TITLE Change NAME JONES, STEVEN A NAME	
STREET ADDRESS 2726 OBSERVATORY AVE.	Addition
CITY-ST-ZIP CINCINNATI, OH 45208	
TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 710 CITY S	Addition
Change	Addition
TITLE NAME STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP 11. 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 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.	Addition

limited liability company or the receiver or trustee empoy