2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000006433

1. Entity Name
T-BIRD LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
130 STANFORD AVENUE ELYRIA, OH 44035	130 STANFORD AVENUE ELYRIA, OH 44035

02242006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2934997
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GUTHRIE, ALICE H
7 DERWENT BLVD.
FORT MYERS, FL 33908

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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 _____
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

000000516308
04/29/06-80244-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARRETT, CHRISTINE E
STREET ADDRESS	828 EAST AVENUE
CITY-ST-ZIP	ELYRIA, OH 44035
TITLE	MGRM
NAME	BARRETT, CHRISTOPHER H
STREET ADDRESS	828 EAST AVENUE
CITY-ST-ZIP	ELYRIA, OH 44035
TITLE	MGRM
NAME	WACKER, M. JEAN
STREET ADDRESS	2010 GRAFTON ROAD
CITY-ST-ZIP	ELYRIA, OH 44035
TITLE	MGRM
NAME	WACKER, TERRY P
STREET ADDRESS	1206 EAST AVENUE
CITY-ST-ZIP	ELYRIA, OH 44035
TITLE	MGRM
NAME	MCMILLAN, MARILYN L
STREET ADDRESS	130 STANFORD AVENUE
CITY-ST-ZIP	ELYRIA, OH 44035
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Marilyn L. McMillan Marilyn L. McMillan 4/13/06 (440)323-2105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #