2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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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

DO NOT WRITE IN THIS SPACE

01182008 No Chg-LLC CR2E083 (12/07)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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	

U00000815437
02/14/08-80009-009 138.75

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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 2/1/08 (440) 871-5641 X11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #