2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006433

City-St-Zip:

ELYRIA, OH 44035

Entity Name: T-BIRD LIMITED LIABILITY COMPANY

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
130 STAN ELYRIA, C	IFORD AVENUE DH 44035			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
130 STAN ELYRIA, C	IFORD AVENUE DH 44035			
FEI Number	: 20-2934997 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agen	t: Name and Address o	f New Registered Agent:	
	ÍNT BLVD. ERS, FL 33908 US			
	e named entity submits this statement for e of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Registered	d Agent	Date	
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () Delete BARRETT, CHRISTINE E 828 EAST AVENUE ELYRIA, OH 44035	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete BARRETT, CHRISTOPHER H 828 EAST AVENUE ELYRIA, OH 44035	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete WACKER, M. JEAN 2010 GRAFTON ROAD ELYRIA, OH 44035	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete WACKER, TERRY P 1206 EAST AVENUE ELYRIA, OH 44035	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address:	MGRM () Delete MCMILLAN, MARILYN L 130 STANFORD AVENUE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: MARILYN L. MCMILLAN MGRM 03/23/2009