

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

M98000000542

FILED

04 AUG 12 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MSH

DOCUMENT # M98000000542

1. Entity Name  
PARSONS VILLAGE STATION LLCPrincipal Place of Business  
710 MARTIN LUTHER KING  
SEFFNER, FL 33584Mailing Address  
11690 GROOMS RD.  
CINCINNATI, OH 45242

DO NOT WRITE IN THIS SPACE

03222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
31-1598100Applied For  
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324DO NOT WRITE  
IN THIS SPACE

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, 2004000040593170  
08/27/04--01076--025 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
EDISON, PHILLIPS & CO  
11690 GROOMS RD.  
CINCINNATI, OH 45242TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDO NOT WRITE  
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #