2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L05000067136 1. Entity Name 35 WEST STATE, LLC Principal Place of Business Mailing Address **574 ABILENE TRAIL**

FILED Apr 23, 2007 08:00 A Secretary of State



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CINCINNATI. OH 45215

574 ABILENE TRAIL CINCINNATI, OH 45215



04152007 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (11/05)

Applied For 4. FEI Number 20-3114580 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

TEMMEL, ANDREW J PRES **574 ABILENE TRAIL** CINCINNATI, FL 45215

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent.		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent agregate required when reneating)	DATE
FI	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEMMEL, ANDREW J 574 ABILENE TRAIL CINCINNATI, OH 45215		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000724359 05/02/07-80108-013 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia.	certify that the information supplied with this filling does not on this report is true and accurate and that my signature shotility company or the receiver or trustee empowered to execute.	qualify for the exemptions contained in Chapter 119, Flo hall have the same legal effect as if made under oath; if cute this report as required by Chapter 608, Florida Stat	rida Statutes. I further certify that the information lat I am a managing member or manager of the lutes.

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

B. 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