


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000067136

1. Entity Name
 35 WEST STATE, LLC



Principal Place of Business Mailing Address

574 ABILENE TRAIL 574 ABILENE TRAIL
 CINCINNATI, OH 45215 CINCINNATI, OH 45215

DO NOT WRITE IN THIS SPACE



04152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3114580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TEMMELE, ANDREW J PRES
 574 ABILENE TRAIL
 CINCINNATI, FL 45215

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEMMELE, ANDREW J 574 ABILENE TRAIL CINCINNATI, OH 45215
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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: _____ 4/17/07 (513) 659-8990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #