

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090930

Entity Name: 1113 OHIO PLACE, LLC

FILED  
Mar 10, 2008  
Secretary of State

**Current Principal Place of Business:**

309 SOMERSET LANE, SUITE #19  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

309 SOMERSET LANE, SUITE #19  
PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 20-3436316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOWER, DAVID T  
309 SOMERSET LANE, SUITE #19  
PALM HARBOR, FL 34684 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ABRAMS, BRUCE  
Address: 6907 JAMIESON AVENUE  
City-St-Zip: RESEDA, CA 91335

Title: MGRM ( ) Delete  
Name: MANENTI, ANGELO  
Address: 713 NEWTON SQUARE  
City-St-Zip: CORAPOLIS, PA 15108

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: MANENTI, ANGELO  
Address: PO BOX 60096  
City-St-Zip: PITTSBURGH, PA 15211

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.

SIGNATURE: DAVID T. TOWER

RA

03/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date