

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

|                                                |                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000034308</b>                 |  |
| 1. Entity Name<br><b>PSALM NINETY-ONE, LLC</b> |                                                                                   |

|                                                                                                                          |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br><b>1 PROGRESS PLAZA, SUITE 1210<br/>BANK OF AMERICA TOWER<br/>ST. PETERSBURG FL 33701</b> | Mailing Address<br><b>1506 GRANGER ROAD<br/>MEDINA OH 44256</b> |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1st MOORE                                                                                       | CR2E083 (10/07)                                        |
| 4. FEI Number<br><b>20-0245070</b>                                                              | Applied For<br><input type="checkbox"/> No: Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                                                        |

|                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>DETWEILER, GERRI<br/>1037 GREYSTONE LANE<br/>SARASOTA FL 34232</b> |  |
|------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |             |
|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name                                               |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City                                               | FL Zip Code |

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's signature required when changing agent) DATE \_\_\_\_\_

|                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>FILE NOW!!! FEE IS \$138.75</b><br/><b>After May 1, 2008, Fee Will Be \$538.75</b><br/><b>Make Check Payable to Florida Department of State</b></p> |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| 9. MANAGING MEMBERS / MANAGERS                 |                                                                                                   |
|------------------------------------------------|---------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BEARD, ELIZABETH D<br>1506 GRANGER ROAD<br>MEDINA OH 44256 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                   |

| 10. ADDITIONS / CHANGES                            |                                                                   |
|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <p>U000000873183<br/>04/10/08-80068-005 138.75</p> |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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** *Elizabeth J Dresser FKA Beard MGR* **3-24-08** **330-239-3435**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day to Print #