

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000055525

1. Entity Name
203, LLC



Principal Place of Business

712 U.S. HIGHWAY ONE, STE. 400
NORTH PALM BEACH, FL 33408

Mailing Address

7861 EAST KEMPER RD
CINCINNATI, OH 45249



01032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1718905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, FRED C
712 U.S. HIGHWAY ONE, STE. 400
NORTH PALM BEACH, FL 33408

**DO 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, 2007**

U000000578597
01/09/07-80035-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ZICKA, MICHAEL E
STREET ADDRESS 7861 E. KEMPER RD.
CITY-ST-ZIP CINCINNATI, OH 45249

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

1/3/07

Date

513-477-2320

Daytime Phone #