


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90118 024 ****50.00

DOCUMENT # L04000001231

1. Entity Name
AMAZON COURT, L.L.C.



Principal Place of Business Mailing Address

~~6436~~ **GLENWAY AVENUE** ~~6436~~ **GLENWAY AVENUE**
CINCINNATI, OH 45211 **CINCINNATI, OH 45211**

2. Principal Place of Business 3. Mailing Address

6500 GLENWAY AVE **6500 GLENWAY AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

CINCINNATI, OHIO **CINCINNATI, OHIO**

Zip Country Zip Country

45211 **USA** **45211** **USA**

07052006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For

01-0804164 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROCHE, CHRISTOPHER A ESQ
229 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145

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 signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 6, 2006



Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RAINS, GARY N	
STREET ADDRESS	6436 GLENWAY AVENUE	
CITY-ST-ZIP	CINCINNATI, OH 45211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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: *Gary N. Rains* **GARY N. RAINS** **7-5-06** **1-513-574-5584**

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