


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
~~6436~~ GLENWAY AVENUE
 CINCINNATI, OH 45211

Mailing Address
~~6436~~ GLENWAY AVENUE
 CINCINNATI, OH 45211

2. Principal Place of Business
 6500 GLENWAY AVE
 Suite, Apt. #, etc.

3. Mailing Address
 6500 GLENWAY AVE
 Suite, Apt. #, etc.

City & State
 CINCINNATI, OHIO

City & State
 CINCINNATI, OHIO

Zip
 45211

Country
 USA

Zip
 45211

Country
 USA

07052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 01-0804164

Applied For
 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			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINS, GARY N		NAME		
STREET ADDRESS	6436 GLENWAY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45211		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 #