

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010883

FILED
Feb 10, 2009
Secretary of State

Entity Name: TTB, L.L.C.

Current Principal Place of Business:

240 NORTH COLLIER BLVD., APT. D-4
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

240 NORTH COLLIER BLVD., APT. D-4
MARCO ISLAND, FL 34145

New Mailing Address:

500 SOUTH FRONT STREET
SUITE 200
COLUMBUS, OH 43215

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARETT, BARRY A
240 NORTH COLLIER BLVD., APT. D-4
MARCO ISLAND, FL 34145 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: JARRETT, BARRY
Address: 240 NORTH COLLIER BLVD., APT. D-4
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM () Delete
Name: MANEY, THOMAS J R.
Address: 92 NORTHWOOD BLVD., SUITE B-2
City-St-Zip: COLUMBUS, OH 43235

Title: MGRM () Delete
Name: TRIMBLE, RITA J
Address: 4190 MAYSTAR WAY
City-St-Zip: HILLIARD, OH 43026

ADDITIONS/CHANGES:

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

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

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

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: RITA TRIMBLE

MGRM

02/10/2009

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