

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000010883

**FILED**  
**Apr 09, 2010**  
**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:**

500 SOUTH FRONT STREET  
SUITE 200  
COLUMBUS, OH 43215

**New Mailing Address:**

**FEI Number:** 20-0808946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

I hereby 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:** BARRY JARRETT

MGRM

04/09/2010

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