

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90036 037 ****55.00

DOCUMENT # L04000018051

1. Entity Name
GERMAIN ENTERTAINMENT, LLC



Principal Place of Business
**13315 TAMiami TRAIL NORTH
NAPLES, FL 34110**

Mailing Address
**13315 TAMiami TRAIL NORTH
NAPLES, FL 34110**

20046309



04252006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-4268856

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAM L. ROGERS
10661 AIRPORT PULLING ROAD
SUITE 16
NAPLES, FL 34109**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GERMAIN MOTOR COMPANY
4130 MORSE CROSSING
COLUMBUS, OH 43219**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
MCCARTHY, SEAN H
4130 MORSE CROSSING
COLUMBUS, OH 43219**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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

Date

Daytime Phone #

4/26/06 614-416-3377