

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000083291

FILED
Dec 05, 2005
Secretary of State

Entity Name: THE OHIO ROOFING COMPANY, L.L.C.

Current Principal Place of Business:

2760 RIVERSIDE LANDING DRIVE
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

2760 RIVERSIDE LANDING DRIVE
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 34-1817404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENN, MICHAEL L
2760 RIVERSIDE LANDING DRIVE
NAVARRE, FL 32566 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: MGR () Delete
Name: PENN, MICHAEL L
Address: 2760 RIVERSIDE LANDING DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: MGRM () Delete
Name: MILLER, JAMES A
Address: 9115 EAGLENEST DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: MGRM () Delete
Name: GREEN, JULIUS
Address: 1836 GENESSEE
City-St-Zip: COLUMBUS, OH 43211

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: COTTON, DEMITRIUS
Address: 944 POPPLETON PLACE LANE
City-St-Zip: PATASKALA, OH 43086

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEMITRIUS COTTON

MGRM

12/05/2005

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