



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90020 038 \*\*\*\*\*50.00

<b>DOCUMENT # L05000036481</b> 1. Entity Name <b>SEMANS GRISWOLD LLC</b>					
Principal Place of Business <b>6225 SMITH AVE. ATTN: SANDRA P. GOHM BALTIMORE, MD 21209</b>			Mailing Address <b>6225 SMITH AVE. ATTN: SANDRA P. GOHM BALTIMORE, MD 21209</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>81-0646972</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reappointing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: X 13</b>			<b>X 410-537-5472</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000036481</b> 1. Entity Name <b>SEMANS GRISWOLD LLC</b>						<h2 style="margin: 0;">ATTACHMENT</h2> <h3 style="margin: 0;">60036113</h3>	
Principal Place of Business <b>6225 SMITH AVE. ATTN: SANDRA P. GOHM BALTIMORE, MD 21209</b>				Mailing Address <b>6225 SMITH AVE. ATTN: SANDRA P. GOHM BALTIMORE, MD 21209</b>			
2. Principal Place of Business		3. Mailing Address		04202006 Chg-LLC CR2E083 (11/05)		4. FEI Number <b>81-0646972</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____							
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				NAME	MGRM		
STREET ADDRESS				STREET ADDRESS	WILLIAM M. SEMANS		
CITY-ST-ZIP				CITY-ST-ZIP	901 S. BOND STREET - SUITE 400 BALTIMORE, MD 21231-3340		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				NAME	MGRM		
STREET ADDRESS				STREET ADDRESS	JACK S. GRISWOLD		
CITY-ST-ZIP				CITY-ST-ZIP	901 S. BOND STREET - SUITE 400 BALTIMORE, MD 21231-3340		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				NAME	MGRM		
STREET ADDRESS				STREET ADDRESS	BENJAMIN H. GRISWOLD, IV		
CITY-ST-ZIP				CITY-ST-ZIP	901 S. BOND STREET - SUITE 400 BALTIMORE, MD 21231-3340		
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			
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.							
<b>SIGNATURE: Y</b>				<b>X</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			

# ATTACHMENT

## FILING INSTRUCTIONS

60036113

NAME SEMANS GRISWOLD, LLC

RETURN FLORIDA ANNUAL REPORT

TAXABLE YEAR 2006

DUE DATE 5/1/06

The return should be signed and dated by A MANAGING MEMBER

MAIL TO: DIVISION OF CORPORATIONS

P.O. Box 6478

TALLAHASSEE, FL 32314

PAYMENT DUE WITH RETURN \$ 50

Make check payable to FLORIDA DEPARTMENT OF STATE

Include your identification number L05000036481 on your check.

REFUND \$ NONE

### ADDITIONAL INSTRUCTIONS:

NONE

COPY

GARY E. CORNELIUS

*Certified Public Accountant*