### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

# FILED May 04, 2006 8:00 am Secretary of State 05-04-2006 90020 038 \*\*\*\*50.00

410-537-5476

DOCUMENT # L05000036481  1. Entity Name SEMANS GRISWOLD LLC					03-	-04-2006 900.		30.00			
Principal Place of Business 6225 SMITH AVE. ATTN: SANDRA P. GOHM BALTIMORE, MD 21209			Mailing Address 6225 SMITH AVE. ATTN: SANDRA P. GOHM BALTIMORE, MD 21209			ן זו חווורדון ו	T NOTES (1818) TOTAL SERVICE	Hii <b>18</b> 720 Hii 1977	i Albal (Bibli (Brea	n m a <b>n</b>	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202006	Chg-LLC	CR2E08	13 (11/05)		
City & State			City & State			4. FEI Numb	81-0646	972	_ <del></del>	lied For Applicable	
Zip		Country	Zip	Coun	try		of Status Desired		55.00 Addit ea Required	lonal	
	6. Name	and Address of Current R	egistered Agent		Name	7. Name and	d Address of New	Registered A	gent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)						
					City		<del></del>	FL	Zip Code		
the obligation	Some regis	y submits this statement for tered agent.  To proved name of required agent at the \$50.00 y 1, 2006				egistered agent, or by	Ma	DATE	ayable to		
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITION	S/CHANGES			
TITLE NAME STREET ACCRESS CITY-ST-ZIP			☐ Delete		ι	MGRM WILLIAM 901 S. E BALTIMOR	SOND STRI	EET -	Change SUTTE	Addition 400	
TITLE NAME			☐ Deteté	4	ME	MGRM JACK S.	GRISWOL	D	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP	901 S. E BALTIMOR	RE, MD	21231-			
NAME STREET ADDRESS CITY-ST-ZIP			□ Delet <del>a</del>	STI	le Me Reet address NY-ST-ZIP	MGRM BENJAMIN 901 S. E BALTIMOR	H. GRIS BOND STRI RE, MD	SWOLD, EET - 21231-	□ Change IV SUITE 3340	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NA ST	ILE ME REET ADORESS IY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	S1	TLE UME TREET ADORESS TY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	N. S	ITLE MANE IRRET ADDRESS ITY-ST-ZIP				Change	Addition	
Indicated	ופון צותו חס ב	the information supplied with bort is true and accurate and bany or the receiver or truste	inai my signature shall hav	ve the sa	me legat ette	ict as il made under c	batn; thatiam a ma	. I further cert maging mem	ify that the infoer or manag	ormation er of the	

#### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

i.

Mailing Actoress  Substances Samth APE  ATTN: SAMDRA P. GOHN BALTMORE, MD 21209  Z. Principal Place of Business  Suits, Apt. F. etc.  Suits, Apt. F. etc.  City 6 States  A Certificate of States Desired  E. Name and Address of Current Registrancy Agent  E. Name and Address of Current Registrancy Agent  City 6 States  Cit	1. Entity Name SEMANS GRIS	/ # LU50000364 WOLD LLC					ATTACH	MEN	T	
Sulle, Apr. F. etc.    Sulle, Apr. F. etc.   O4202008 Chg-LLC CR2E083 (11/05)   Chy & State   Cry & State   A FEI Namber 81 - 0.64 6.9.72   Nex Applicable 12/05   Nex Applicable 12/05	6225 SMITH AVE. ATTN: SANDRA P. GOI	НМ	6225 SMITH AVE. ATTN: SANDRA P. GOHM				6003	6113		
City & State  Country  City & State  Country  City & State  Country  City & State  Cit	2. Principal Place of Be	usiness	3. Mailing Address						17	
S.   Application   S.   Country   Zo   Country   S.   Constitute of Status Desired   S.   S.   S.   S.   S.   S.   S.   S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202006	Chg-LLC	CR2E08	3 (11/05)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The Address (P.O. Box Name and Pagent of Name Agent Agent Agent Box Name Name  8. The Address (P.O. Box Name Address (P.O. Box Name Agent Open In Name Agent Agent Box Name Name Agent Agent Box Name Name Name Name Name Name Name Name	City & State					4. FEI Numbe		972	<del></del>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordia. I am lamilier with, and accept the colligations of registered agent.  SIGNATURE:    City   FL   Zip Code	Zip ·	Country	Zip	Country		5. Certificate	of Status Desired			ional
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	6. Na	ime and Address of Current R	legistered Agent	$=$ $\top$		7. Name and	Address of New R	egistered A	gent	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    STEPHANDERS   Delete   Make check payable to Florida Department of State	1200 SOUTH PIN	1200 SOUTH PINE ISLAND ROAD								
the obligations of registered agent.  SIGNATURE    Filling Fee is \$50.00   Make check payable to Florida Department of Status				(	City		<del> </del>	FL	Zip Code	
Filing Fee is \$50.00  Pub by May 1, 2008  STRET ADDRESS CITY-ST-2P  TITLE  NAME STRET ADDRESS CITY-ST-2P  TITLE NAME STRET			the purpose of changing its r	registered (	office or registe	ered agent, or bot	h, in the State of Fig	nida. I am fa	emiliar with, a	nd accept
Filing Fee is \$50.00  Due by May 1, 2006  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE  NAME  SIRET ADDRESS  CITY-ST-2IP  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-ST-2IP  TITLE  NAME  SIRET ADDRESS  CITY-ST-2IP  Delete  TITLE  NAME  SIRET ADDRESS  CITY-ST-2IP	SIGNATURE	typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered Aç	gent signsture require	ed when reinstating)		DATE		
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Filing Fe Due by I	ee is \$50.00 May 1, 2006					Mak	e check pa Departme	ayable to ant of State	14 mag 1 m
NAME SIRET ADDRESS CITY-ST-ZIP  TILE Obelee  TILE Obelee Obelee  TILE Obelee Obelee  TILE Obelee Obelee Obelee Obelee  TILE Obelee O	9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	CHANGES		<u> </u>
NAME   STREET ADDRESS	NAME STREET ADDRESS		☐ Celate	name Street /	ADDRESS 90	LLIAM N	OND STRE	ET -	SUITE	_
NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP	NAME STREET ADDRESS		☐ Delete	name Street /	JA	CK S. C		ET = 1231-		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Detete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	NAME STREET ADDRESS	· — ·	Delete	name Street	ADDRESS 90	NJAMIN	H. GRIST OND STREE E, MD 2	WOLD, ET - 1231-	IV SUITE	_
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS 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.  SIGNATURE:	NAME STREET ADDRESS		☐ Celata	name Street	ADDRESS				☐ Change	☐ Addition
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	indicated on this	report is true and accurate and	that my signature shall have	the same	legal effect as i	f made under oat	h; that I am a mana	further certif	y that the info er or manage	er of the
			S SOLUTION IN LANGUAGE			<u> </u>	(	<u>.                                    </u>	<b>5</b>	· 

## ATTACHMENT

# FILING INSTRUCTIONS 6003413

NAME	SEMANS GRISWOLD, LLC	
RETURN _	FLORIDA ANNUAL REPORT	
TAXABLE Y	TEAR	
DUE DATE	5/1/06	
The return s	hould 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 chec	k payable to FLORIDA DEPARTMENT OF STATE	
Include you	ur identification number L05000036481 on your check.	
REFUND	\$ None	
ADDITIO	NAL INSTRUCTIONS:	
	None	
	@@@W	
	TOUL I	

GARY E. CORNELIUS

Certified Public Accountant