

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000036481

1. Entity Name
SEMANS GRISWOLD LLC



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



04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

81-0646972

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SEMANS, WILLIAM M
901 S BOND ST STE 400
BALTIMORE, MD 212313340

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GRISWOLD, JACK S
901 S BOND ST STE 400
BALTIMORE, MD 212313340

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GRISWOLD, BENJAMIN H IV
901 S BOND ST STE 400
BALTIMORE, MD 212313340

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000744230
05/15/07-80140-019 50.00

**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: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

X 4/24/07
Date

Daytime Phone #