

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
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**



03142008 No Chg-LLC

CR2E083 (12/07)

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**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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
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U000000887249
04/08/08-80062-009 138.75

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

X 3/17/08

Date

Daytime Phone #