

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054591

FILED  
Aug 16, 2006  
Secretary of State

Entity Name: TIFTIN PROPERTIES, LLC

**Current Principal Place of Business:**

3577 S. ARLINGTON ROAD, SUITE A  
AKRON, OH 44312

**New Principal Place of Business:**

9424 PAULDING NW  
MASSILLON, OH 44646

**Current Mailing Address:**

3577 S. ARLINGTON ROAD, SUITE A  
AKRON, OH 44312

**New Mailing Address:**

9424 PAULDING NW  
MASSILLON, OH 44646

FEI Number: 20-2878151      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CRAIG, DOUGLAS P  
8799 SPRING MOUNTAIN WAY  
FT MYERS, FL 33908      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: JONES, TIMOTHY E  
Address: 6961 MAPLE GLEN AVE., NW  
City-St-Zip: N CANTON, OH 44720

Title: MGR      ( ) Delete  
Name: LONGWORTH, BRIAN T  
Address: 3577 S ARLINGTON ROAD, SUITE A  
City-St-Zip: AKRON, OH 44312

**ADDITIONS/CHANGES:**

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

Title: MGR      (X) Change ( ) Addition  
Name: LONGWORTH, BRIAN T  
Address: 9424 PAULDING NW  
City-St-Zip: MASSILLON, OH 44646

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TIMOTHY E JONES

MGR

08/16/2006

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