2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2007
Secretary of State

DOCUMENT# L05000100449

Entity Name: DEPROP, LLC

Current Principal Place of Business:

150 E. FOURTH STREET 4TH FLOOR
CINCINNATI, OH 452024018

New Principal Place of Business:

Current Mailing Address:

150 E. FOURTH STREET 4TH FLOOR
CINCINNATI, OH 452024018

New Mailing Address:

FEI Number: 20-4814151 **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:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: SAMAWI, ABOUD
Address: 10132 LONGFORD DRIVE
City-St-Zip: KNOXVILLE, TN 37922

Title: MGR ( ) Delete
Name: HASSAN, KHALED H
Address: PO BOX 5122
City-St-Zip: AMMAN, 11183 JORDAN,

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ABOUD SAMAWI MGR 07/18/2007

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