


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90094 043 ****50.00

DOCUMENT # M00000001378 1. Entity Name MAKING EVERLASTING MEMORIES, L.L.C.					
Principal Place of Business 5180 ADENA TRAIL CINCINNATI, OH 45230			Mailing Address 5180 ADENA TRAIL CINCINNATI, OH 45230		
2. Principal Place of Business 1929 Allen Parkway		3. Mailing Address 1929 Allen Parkway			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Houston TX		City & State Houston TX		4. FEI Number 74-2935128	
Zip 77019		Country US		Applied For Not Applicable	
Zip 77019		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CRUBER, CHRISTOPHER H 1929 ALLEN PKWY HOUSTON, TX 77019	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINDRUM, G. SCOTT 1929 ALLEN PARKWAY HOUSTON, TX 77019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRUGER, CHRISTOPHER H. 1929 ALLEN PARKWAY HOUSTON, TX 77019	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COUCH, J. CHRISTOPHER 1929 ALLEN PARKWAY HOUSTON, TX 77019	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LORING, HARRIS E III 1929 ALLEN PARKWAY HOUSTON, TX 77019	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CURTIS G BRIGGS 1929 ALLEN PARKWAY HOUSTON TX 77019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUDITH M MARSHALL 1929 ALLEN PARKWAY HOUSTON TX 77019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARK L EVANS 1929 ALLEN PARKWAY HOUSTON TX 77019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>MARK L EVANS</u> <u>713-525-5447</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					