


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000813 1. Entity Name KELLERMAYER BUILDING SERVICES, LLC	
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Principal Place of Business 1575 HENTHORNE DR MAUMEE, OH 43537	Mailing Address 1575 HENTHORNE DR MAUMEE, OH 43537
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DO NOT WRITE IN THIS SPACE



02032004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 36-4431179	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ DATE _____
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDER, KEN 1575 HENTHORNE DRIVE MAUMEE, OH 43537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOCKART, CLARKE 1575 HENTHORNE DRIVE MAUMEE, OH 43537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERRY, CHRISTOPHER 231 SOUTH LASALLE ST CHICAGO, IL 60697
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAMADA, KEITH 231 SOUTH LASALLE ST CHICAGO, IL 60697
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRICKMAN, SCOTT 18211 A FLOWER HILL WAY GAITHERSBURG, MD 20879
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000046837
 02/12/04-80018-011 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ken Sander Ken Sander 2/6/04 4198674300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #