2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90027 034 ****50.00

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1. Entity Name
KLINGBEIL CAPITAL MANAGEMENT, LTD., LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
21 W. BROAD ST., 11TH FLOOR COLUMBUS, OH 43215	KLINGBEIL CAPITAL MGMT. 501 DARBY CREEK RD #11 LEXINGTON, KY 40509

04282004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		205 County Trunk H	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Elkhorn, WI	
Zip	Country	Zip: 53121	Country: USA

4. FEI Number: 94-3397989 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLINGBEIL, JAMES D 21 W. BROAD ST., 11TH FLOOR COLUMBUS, OH 43215	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

George R. Nickerson

George R. Nickerson
Vice President

SIGNATURE: ____________________ 4/29/2004 614/220-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #