

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 27 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000002930					
1. Entity Name KLINGBEIL CAPITAL MANAGEMENT, LTD., LIMITED LIABILITY COMPANY					
Principal Place of Business 21 W. BROAD ST., 11TH FLOOR COLUMBUS, OH 43215			Mailing Address 21 W. BROAD ST., 11TH FLOOR COLUMBUS, OH 43215		
2. Principal Place of Business		3. Mailing Address Klingbeil Capital Mgmt.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 501 Darby Creek Rd. #11			
City & State		City & State Lexington, KY		4. FEI Number 94-3397989	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
		40509	USA		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent's signature required when submitting)					
DATE _____					
FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR ☐ Delete				
NAME	KLINGBEIL, JAMES D				
STREET ADDRESS	21 W. BROAD ST., 11TH FLOOR				
CITY - ST - ZIP	COLUMBUS, OH 43215				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
10. ADDITIONS/CHANGES					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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 689, Florida Statutes.					
James D. Klingbeil					
SIGNATURE: _____					
5-1-03 859-263-4000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (10/02)