

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001193

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: COUNTRY LIFE OF OHIO, L.L.C.

**Current Principal Place of Business:**

1826 SOUTH MAIN STREET  
AKRON, OH 44301

**New Principal Place of Business:**

**Current Mailing Address:**

1826 SOUTH MAIN STREET  
AKRON, OH 44301

**New Mailing Address:**

FEI Number: 38-3650234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOK, JAMES L  
7100 SUNSET WAY PH 7 WEST  
ST. PETE BEACH, FL 33706 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: MGRM ( ) Delete  
Name: COOK, JAMES L  
Address: 7100 SUNSET WAY PH 7 WEST  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: MGRM ( ) Delete  
Name: COOK, DAVID L  
Address: 1826 S. MAIN STREET  
City-St-Zip: AKRON, OH 44301

Title: MGRM ( ) Delete  
Name: WOLFE, TERRY W  
Address: 1826 S. MAIN STREET  
City-St-Zip: AKRON, OH 44301

**ADDITIONS/CHANGES:**

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

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: DAVID L. COOK

MEMB

01/19/2009

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