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Secretary of State

08-02-2004 90116 011 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # M02000002302

1. Entity Name
SHARCO PROPERTIES, LLC

34009946

Principal Place of Business	Mailing Address
1017 SUNSET ROAD KENTON HILLS, KY 41011	1017 SUNSET ROAD KENTON HILLS, KY 41011

07292004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
621 E Mehring Way			
Suite, Apt. #, etc. 2607		Suite, Apt. #, etc. SAME	
City & State Cincinnati Ohio		City & State	
Zip 45202	Country USA	Zip	Country

4. FEI Number 31-1678744 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KOPP, EILEEN
303 TURTLE HATCH ROAD
NAPLES, FL 34103

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 ______________________________ 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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SHARON, BECKY ANN 1017 SUNSET ROAD KENTON HILLS, KY 41011	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	621 E Mehring Way Apt. 2607 Cincinnati, Ohio 45202	☑ 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.

SIGNATURE: Becky Ann Sharon 8/12/04 (513) 474-7100

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

or (859) 992-4361