2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90072 030 ****50.00

DOCUMENT # M02000002666

1. Entity Name
R. WALSH & V. WALSH, LTD. CO.

Principal Place of Business	Mailing Address
14532 PEARL RD., #102 STRONGSVILLE, OH 44136	~~14532 PEARL RD., #102~~ ~~STRONGSVILLE, OH 44136~~

01232005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
14532 PEARL RD	2555 N. VIRGINIA RD.
Suite, Apt. #, etc.: SUITE #102	Suite, Apt. #, etc.:
City & State: STRONGSVILLE OH	City & State: CRYSTAL RIVER FL.
Zip: 44136 Country: USA	Zip: 34428-7956 Country: USA

4. FEI Number: 34-1311684 ☐ 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
WALSH, ROBERT D ~~10486 RED COACH STREET~~ ~~SPRING HILL, FL 34608~~	Name: WALSH, ROBERT D. Street Address (P.O. Box Number is Not Acceptable): 2555 N. VIRGINIA RD City: CRYSTAL RIVER FL Zip Code: 34428-7956

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]
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, ROBERT D ~~19565 APPLEBROOK CIRCLE~~ ~~STRONGSVILLE, OH 44136~~ ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, ROBERT D. 2555 N. VIRGINIA RD CRYSTAL RIVER FL. 34428-7956 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 1/24/05 440 343-3542

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