

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001646

Entity Name: ALDERMAN - 19, LLC

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

C/O SKILKEN PROPERTIES
4270 MORSE ROAD
COLUMBUS, OH 43230

New Principal Place of Business:

Current Mailing Address:

C/O SKILKEN PROPERTIES
4270 MORSE ROAD
COLUMBUS, OH 43230

New Mailing Address:

FEI Number: 20-0028420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: SKILKEN, B. LEE
Address: 4270 MORSE ROAD
City-St-Zip: COLUMBUS, OH 43230

Title: MGR () Delete
Name: GOLD, KENNETH B
Address: 4270 MORSE ROAD
City-St-Zip: COLUMBUS, OH 43230

Title: MGR () Delete
Name: PETRUZIELLO, FRANK R
Address: 4270 MORSE ROAD
City-St-Zip: COLUMBUS, OH 43230

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 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: B. LEE SKILKEN

MGR

01/03/2007

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