## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000004324

1. Entity Name

MARSHALL TYLER RAUSCH LLC



FILED Feb 16, 2004 08:00 AM Secretary of State

Principal Place of Business

101 BELLEVUE ROAD, SUITE 200 PITTSBURGH, PA 15229 Mailing Address

101 BELLEVUE ROAD, SUITE 200 PITTSBURGH, PA 15229



DO NOT WRITE IN THIS SPACE

02132004 No Chg-LLC

4. FEI Number 25-1834543

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

8. 1	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
ti	he 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 May 1, 2004

9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAUSCH, GEOFFREY 101 BELLEVUE ROAD PITTSBURGH, PA 15229				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARSHALL, MELISSA 101 BELLEVUE ROAD PITTSBURGH, PA 15229				
NAME STREET ADDRESS CITY-ST-ZIP	MGR TYLER, CINDY 101 BELLEVUE ROAD PITTSBURGH, PA 15229				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					
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## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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: Melisser, Marishall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/13/04 (4n)931-6455 Daylono Phone #