

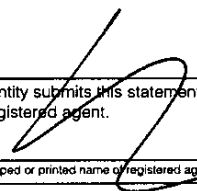
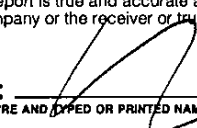


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90148 032 \*\*\*\*50.00

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # M04000002394</b><br>1. Entity Name<br><b>SS WASHINGTON, LLC</b>   |  |  |  |                      |  |
| Principal Place of Business<br><b>9915 ALLISONVILLE ROAD, STE. A<br/>FISHERS, IN 46028</b>  |  |  | Mailing Address<br><b>9915 ALLISONVILLE ROAD, STE. A<br/>FISHERS, IN 46028</b> |   |  |
| 2. Principal Place of Business<br><b>11595 N. Meridian St.</b><br>Suite, Apt. #, etc.<br><b>510</b><br>City & State<br><b>Carmel</b><br>Zip<br><b>IN</b>  |  | 3. Mailing Address<br><b>11595 N. Meridian St.</b><br>Suite, Apt. #, etc.<br><b>510</b><br>City & State<br><b>Carmel</b><br>Zip<br><b>IN</b> |  | <b>20066319</b><br> |  |
| Country<br><b>46032</b>   |  | Country<br><b>46032</b>  |  | 07182005 Chg-LLC CR2E083 (10/03)  |  |
| 4. FEI Number<br><b>20-1141363</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |  |  | 6. Name and Address of Current Registered Agent   |  |
| 7. Name and Address of New Registered Agent<br>Name<br><b>Kurt O'Brien</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5353 Isleworth Country Club Drive</b><br>City<br><b>Windermere</b>   |  |  |  | FL Zip Code<br><b>34786</b>   |  |
| 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   |  |  |  | DATE<br><b>7-29-05</b>  |  |
| Filing Fee is \$50.00<br>Due by September 7, 2005   |  | Make check payable to<br>Florida Department of State   |  |   |  |
| 9. MANAGING MEMBERS / MANAGERS  |  |  | 10. ADDITIONS / CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>OBST HOLDINGS, LLC<br>9915 ALLISONVILLE ROAD, STE. A<br>FISHERS, IN 46028 | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | OBST HOLDINGS, LLC<br>9915 ALLISONVILLE ROAD, STE. A<br>FISHERS, IN 46028        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | OBST HOLDINGS, LLC<br>9915 ALLISONVILLE ROAD, STE. A<br>FISHERS, IN 46028        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | OBST HOLDINGS, LLC<br>9915 ALLISONVILLE ROAD, STE. A<br>FISHERS, IN 46028        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | OBST HOLDINGS, LLC<br>9915 ALLISONVILLE ROAD, STE. A<br>FISHERS, IN 46028        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | OBST HOLDINGS, LLC<br>9915 ALLISONVILLE ROAD, STE. A<br>FISHERS, IN 46028        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | OBST HOLDINGS, LLC<br>9915 ALLISONVILLE ROAD, STE. A<br>FISHERS, IN 46028        | <input type="checkbox"/> Change <input type="checkbox"/> 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:   |  |  |  | DATE<br><b>7-29-05</b>  |  |