


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90017 027 ***138.75

DOCUMENT # M04000003039	
1. Entity Name OHIO RETAIL SECURITY, LLC	

Principal Place of Business 150 EAST GAY STREET, 24TH FLOOR COLUMBUS, OH 43215	Mailing Address 150 EAST GAY STREET, 24TH FLOOR COLUMBUS, OH 43215
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2. Principal Place of Business - No P.O. Box # 180 EAST BROAD STREET	3. Mailing Address 180 EAST BROAD STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State COLUMBUS, OH	City & State COLUMBUS, OH
Zip 43215	Country USA
Zip 43215	Country USA

04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1301484	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLIMCHER PROPERTIES LIMITED PARTNERSHIP 150 EAST GAY STREET, 24TH FLOOR COLUMBUS, OH 43215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLIMCHER PROPERTIES LIMITED PARTNERSHIP 180 EAST BROAD STREET COLUMBUS, OH 43215 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 4/28/2008	DAYTIME PHONE #: 614-887-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		