2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 25, 2005 8:00 am Secretary of State 01-25-2005 90083 046 ****50.00

DOCUMENT # M0400004801 1. Entity Name KARDOL, LLC					01-25-2005 90083 046 ****50.00				
Principal Place	e of Business	Mailing Address	<u>-</u>			€ .1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230		6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230			1 (85(85 1) ())	A AITH PHOGA HOUN DOTH OOK	1) 88 11) 8 1 1(1 81)		i i i i i i i i i i i i i i i i i i i
2. Principal Place of Business 285 SOUTH WEST STREET		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052005	Chg-LLC	CR2E0	83 (10/03)	
City & State		City & State		,	4. FEI Numbe				plied For
Zip 45026 Coupty		Zip Country			_56-2480			\$5.00 Add	t Applicable
45	036 COWARREN				5. Certificate	of Status Desired		Fee Require	
	6. Name and Address of Current	Registered Agent	Nome		7. Name and	Address of New F	registered /	Agent	
CORPORA		Name							
	DSPERITY FARMS ROAD #22 ACH GARDENS, FL 33410	1E	Street Ac	ddress (P	O. Box Numbe	er is Not Acceptable	e) 		
			City				FL	Zip Cod	0
	named entity submits this statement for	r the purpose of changing its	registered office or	registere	ed agent, or bot	h, in the State of Fl	orida. I am	familiar with,	and accept
the obligat	ilons of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signat.	re required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005				310 (10c) cm cm	mon romatacing)				
Fi	iling Fee is \$50.00 ue by May 1, 2005				on Salar 197		ce check p	ayable to ent of State	3
Fi D	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE		10.				ce check p a Departm	ent of State	8
9.	we by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	10. TITLE	MGR		ADDITIONS	ce check p a Departm	ent of State	• Addition
9. TITLE NAME	MANAGING MEMBE MGR DARLINGTON, FRED L		10. TITLE NAME	MGR JOH	N DARLIN	ADDITIONS IGTON	ke check p a Departm /CHANGES	ent of State	
9.	we by May 1, 2005 MANAGING MEMBE		10. TITLE	MGR JOH 285	N DARLIN	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	ent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE		10. TITLE NAME STREET ADDRESS	MGR JOH 285	N DARLIN	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230	Ճ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR JOH 285	N DARLIN	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	Ent of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230	Ճ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR JOH 285	N DARLIN	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	Ent of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230	Ճ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR JOH 285	N DARLIN	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	Ent of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	MANAGING MEMBE MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230	Ď Delete ☐ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR JOH 285 LEB	N DARLIN SOUTH V ANON. OF	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230	Ď Delete ☐ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR JOH 285 LEB	N DARLIN SOUTH V ANON. OF	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230	Ď Delete ☐ Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MGR JOH 285 LEB	N DARLIN SOUTH V ANON. OF	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230	Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR JOH 285 LEB	N DARLIN SOUTH V ANON. OF	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230	Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR JOH 285 LEB	N DARLIN SOUTH V ANON. OF	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230	Delete Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOH 285 LEB	N DARLIN SOUTH V ANON. OF	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230	Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR JOH 285 LEB	N DARLIN SOUTH V ANON. OF	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230	Delete Delete Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR JOH 285 LEB	N DARLIN SOUTH V ANON. OF	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230	Delete Delete Delete Delete	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR JOH 285 LEB	N DARLIN SOUTH V ANON. OF	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	Change Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230	Delete Delete Delete	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR JOH 285 LEB	N DARLIN SOUTH V ANON. OF	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR DARLINGTON, FRED L 6356 SPYGLASSRIDGE DRIVE CINCINNATI, OH 45230	Delete Delete Delete Delete	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR JOH 285 LEB	N DARLIN SOUTH V ANON. OF	ADDITIONS IGTON JEST STREE	ce check p a Departm /CHANGES	Change Change Change	Addition Addition Addition Addition

11. I hereby certify that the information supplied with this filling 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: John Jarla SIGNATURE: SIGNATURE OF SIGNING MANAGER, MANAGER, OF AUTHORIZED REPRESENTATIVE