

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000005692

1. Entity Name
TMB REAL ESTATE INVESTMENTS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 18 PM 12:04

Principal Place of Business
1055 ST. PAUL PLACE
CINCINNATI, OH 45202

Mailing Address
1055 ST. PAUL PLACE
CINCINNATI, OH 45202

2. Principal Place of Business
100 TECHNECENTER DR.

3. Mailing Address
100 TECHNECENTER DR.

Suite, Apt. #, etc.
STE. 200

Suite, Apt. #, etc.
STE. 200

City & State
MILFORD, OH

City & State
MILFORD, OH

Zip
45150

Country

Zip
45150

Country

10102005 REIN-LLC CR2E101 (6/04)

4. FEI Number
20-2600582

Applied For
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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Carl Reed*
Signature, typed or printed name of registered agent and title if applicable.

Carl Reed
Assistant Secretary

DATE

11-9-05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BURKHARDT, DONALD J
STREET ADDRESS 7147 RAVENS RUN
CITY-ST-ZIP CINCINNATI, OH 45244 ☐ Delete

TITLE MGR
NAME MINGER, STEVE
STREET ADDRESS 7317 WETHERINGTON DRIVE
CITY-ST-ZIP WEST CHESTER, OH 45069 ☒ Delete

TITLE MGR
NAME TWOMBLY, JOHN
STREET ADDRESS 1055 ST. PAUL PLACE
CITY-ST-ZIP CINCINNATI, OH 45202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Carl Reed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11/1/05 513-248-9210