## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M05000004114**

1. Entity Name
BATES FAMILY INVESTMENTS, LLC



Principal Place of Business

5500 STANLEY STEEMER PARKWAY DUBLIN, OH 43016

Mailing Address

5500 STANLEY STEEMER PARKWAY DUBLIN, OH 43016

FILED Apr 27, 2007 08:00 AM Secretary of State



04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For	
20-2601117	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

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

the obligations of registered agent.

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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, 2007				
9.	MANAGING MEMBERS/MANAGERS	4	<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATES PROPERTY MANAGEMENT, LTD. 5500 STANLEY STEEMER PARKWAY DUBLIN, OH 43016			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE		· 1		
NAME STREET ADDRESS CITY-ST-ZIP		DO.N	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE	
TITLE			The second second second	
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Solver Survey St.		
11. I hereby indicated limited lia	certify that the information supplied with this filing coes not on this report is true and accurate and training signature stribility company or the receiver or trustee employeered to execute the company or the receiver or trustee employeered to execute the company or the receiver or trustee employeered to execute the company or the receiver or trustee employeered to execute the company or the receiver or trustee employeered to execute the company or the receiver of the company or the company of	qualify for the exemptions contained in Chapter 119, F half have the same legal effect as if made under oath; cute this report as required by Chapter 608, Florida S	Florida Statutes. I further certify that the information that I am a managing member or manager of the latutes.	

Bunner

SST

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

20 to

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