

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 27, 2008 08:00 AM  
Secretary of State

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



01032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 4. FEI Number<br>20-2601117                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000872136  
04/10/08-80026-013 138.75

9. MANAGING MEMBERS/MANAGERS

|                                                |                                                                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BATES PROPERTY MANAGEMENT, LTD.<br>5500 STANLEY STEEMER PARKWAY<br>DUBLIN, OH 43016 |
|------------------------------------------------|--------------------------------------------------------------------------------------------|

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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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**DO NOT WRITE  
IN THIS SPACE**

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:

Justin Bates 3/14/08 (614) 764-2007

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

Date

Daytime Phone #