2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# M05000005522

Entity Name: TRANSCEND LLC

Current Principal Place of Business:

5155 FINANCIAL WAY
MASON, OH 45040

New Principal Place of Business:

Current Mailing Address:

5155 FINANCIAL WAY
MASON, OH 45040

New Mailing Address:

FEI Number: 14-1850526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DEAN, ROGER W
Address: 5155 FINANCIAL WAY
City-St-Zip: MASON, OH 45040

Title: MGR ( ) Delete
Name: SCHALLER, STEPHEN J
Address: 5155 FINANCIAL WAY
City-St-Zip: MASON, OH 45040

Title: MGR (X) Delete
Name: RUSSELL, CAPPS
Address: 5155 FINANCIAL WAY
City-St-Zip: MASON, OH 45040

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN J. SCHALLER MGR 04/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date