


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90052 030 \*\*\*\*50.00

<b>DOCUMENT # M06000002919</b> 1. Entity Name MIDWEST TAPE, LLC	
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Principal Place of Business 6950 HALL STREET HOLLAND, OH 43528	Mailing Address 6950 HALL STREET HOLLAND, OH 43528
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**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 37-1499686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JJ ELDRED LIMITED PARTNERSHIP 8838 OAK VALLEY CT HOLLAND, OH 43528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INTRINSIC PARTNERS LP 2915 MATTHEW CIRCLE MONCLOVA, OH 43542
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Susan Braswell Cantrell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/26/07 419-868-9570  
Date Daytime Phone #