File or	n or before ct to a \$ 40	May 1, 1998 0.00 LATE F	or Limite EE.	d Liability	/ Con	npany will b		FILF	D STATE	:
LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE  Sandre B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			SECRETARY OF STATE NS 98 APR 20 AM 11: 43			
FILING						plemental Fee				ynth
\$ 184 1. Name	e and Mailing Addi nited Liability Com	e Check Payat	CUMEN				<u>]</u> 			4/21
Of Car	SPRINGF				LIAB	00198 ILITY CO	1a. Principal P	lace of Business	Address	1/01
	4440 LA	KE FOREST ATI OH 45	DRIVE,				I .	ersburg,		:
t. Principal Place of Business 2s. Mail				ling Address			3. Date Organi	zed or Qualified	3a. State	of Formation
juite, Apt. 4, etc. Suite, A				Dt. V. etc.			06/05/	1996	ОН	
			Solle, A,	ημ. #, θις.			4. FEI Number			Applied For
City & State City & St			late			31-1465814			Not Applicable	
Zio		Country		Zip Cou		5. Date of La		Report	6. Certifica	te of Status Desired
	- 11			<del></del> -	<u> </u>		02/18/			mal Fee Required
<del></del>	7. Name a	nd Address of Cur	rent Registered	Agent		8. I Name	Name and Addre	ss of New Regis	ered Agent/	Office
1201 HAYS STREET FALLAHASSEE FL 32301				Street Address (		Zip Code				
				City						
is registe	red office or registe	ns of Sections 608.4 ered agent, or both, in cept the obligations	n the State of Flo	, Florida Statute rida, Such chang	es, the ab ge was au	ove-named limited athorized by affirmati	liability company s ive vote of a majori	submits this states ty of the members	nent for the p . I hereby acc	surpose of changing ept the appointment
IGNATL	JRE							DATE		
D. Title	1			OTE Registered Agent agreeture required when reinstating)  Business Street Address				City, State and Zip Code		
1GRM	Buckeye Financial Corp			2525 N. Limestone Suite 202			uite 202	Springfield, OH 45503		
IGRM	PECO HOLDINGS LIMITE, 4440 LAKE FOREST DE						RIVE, ST	CINCIN	NATI C	Н
							,			<b>4054</b> 0110302 75 ****188
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11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual 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 imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an uttachment with an address.

MICHAEL PHILLIPS