	or before May 1, 1999 t to a \$ 400.00 LATE F		d Liability	Com	pany will be)		
Í	D LIABILITY COMPANY ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Su						AM APR 25 FH 5: 00		
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						l vernard Gard		
1. Name of Lim	and Mailing Address ted Liability Company	# м 98000000540		THE SECOND				
1	SUNSET PLAZA STA 4440 LAKE FOREST			1a. Principal Place of Business Address 4440 LAKE FOREST DRIVE, SUIT CINCINNATI OH 45242				
'	CINCINNATI OH 45	242				CINCINN	MATI OH	45242
2 Principal Place of Business 2a. Maili			ing Address			3. Date Organize	ed or Qualified	3a. State of Formation
Suite, Apt. #, etc. Suite, A			pt #, etc.			05/29/1	998	ОН
Suite, Apr. #, etc.			π ₁ στο.			4. FEI Number		Applied For
City & State City & S			tale			31-1598		Not Applicable
Zip Country Zip			Country			5. Date of Last F	Report	6. Certificate of Status Desired
	7. Name and Address of Cur	sont Boolstored	Agent	<u> </u>		lome and Address	a of Nam Dagin	\$8.75 Additional Fee Required
1201 TALL	ORATION SERVICE HAYS STREET AHASSEE FL 32301	Street Address (P.O. Box Number Suite, Apt #, etc. City Florida Statutes, the above-named limited liability company				FL	Ζιρ Code	
its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.								
SIGNATURE								
10. Title Managing Members/Managers			Business Street Address				City,	State and Zip Code
MGRM	PHILLIPS, MICHA	4440 LAKE FOREST DR			RIVE, SU	CINCIN	HO ITAN	
GRM	EDISON, JEFFREY	1000 LANCASTER ST., SU			, SUITE	BALTIN	MORE MD	
						10	05/03	860581- 3 73301124003 88.75/****188.75
						į		
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Ifurther 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 limited flability company or the receiver or trustee empowered to exopute this report as required by Chapter 608. Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.								
SIGNATURE: 4/20/99 513-554-1110								

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