## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000001355

1. Entity Name
VININGS AT EAGLE CREEK, LLC

Principal Place of Business

Mailing Address

400 BROADWAY

CINCINNATI, OH 45202-3341

400 BROADWAY CINCINNATI, OH 45202-3341 FILED May 03, 2004 08:00 AM Secretary of State



04192004 No Chg-LLC

CR2E083 (10/03)

513-629-142

Daytime Phone #

| 4. FEI Number<br>36-4142591      | Applied For Not Applicable        |  | Applied For<br>Not Applicable |
|----------------------------------|-----------------------------------|--|-------------------------------|
| 5. Certificate of Status Desired | \$5.00 Additional<br>Fee Required |  |                               |

6. Name and Address of Current Registered Agent

SCOTT, WILLIAM G 101 E. KENNEDY BLVD., SUITE 2700 TAMPA, FL 33602

## DO NOT WRITE IN THIS SPACE

|                                       |  |   | W and worse the second of the |
|---------------------------------------|--|---|---|
| 8. The above the obligat              | named entity submits this statement for the purpose of changi<br>ions of registered agent.   | ng its registered office or registered agent, or bo   | th, in the State of Florida. I am familiar with, and accept   |
| SIGNATURE.                            | Signature, typed or princed name of registered agent and title if applicable   | (NOTE Registered Agent signature required when reinstating)   | DATE  |
| Fi<br>D                               | ling Fee is \$50,00<br>ue by May 1, 2004   |   |   |
| 9.                                    | MANAGING MEMBERS/MANAGERS  |   | - <del>USCUS/ UN-8U165-U15-5U.[W</del> -  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THE WESTERN AND SOUTHERN LIFE INSURANCE 400 BROADWAY CINCINNATI, OH 452023341   | ≣ CO  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | DO  | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP |  | IN '  | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |   | e e e e e e e e e e e e e e e e e e e   |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP |  |   |   |
| 11. I hereby of indicated limited lia | certify that the information supplied with this filing does not qua-<br>on this report is true and accurate and that my signature strail<br>billity company or the receiver or mustee empowered to execute | lily for the exemption stated in Section 119.07(3)<br>have the same legal effect as if made under oath<br>e this report as required by Chapter 608, Florida | (i), Florida Statutes. I further certify that the information it hat I am a managing member or manager of the Statutes.   |

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE