## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900007447

CARBONE RESORT DEVELOPMENT, LLC

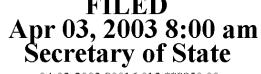


Mailing Address Principal Place of Business 5885 LANDERBROOK DRIVE. SUITE 110 5885 LANDERBROOK DRIVE. SUITE 110 CLEVELAND OH 44124 CLEVELAND OH 44124 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 34-1902855 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MGRM ☐ Change ■ Addition TITLE ☐ Delete TITLE CARBONE, ROSS P NAME NAME 5885 LANDERBROOK DR., SUITE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MAYFIELD HEIGHTS OH 44124** ☐ Addition ☐ Change MGRM TITLE ☐ Delete TITLE CARBONE, VINCENT P NAME NAME 5885 LANDERBROOK DR., SUITE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **MAYFIELD HEIGHTS OH 44124** ☐ Change TITLE □ Del<u>ete</u> TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TIT! F □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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Daytime Phone #