


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000003158  
 1. Entity Name  
 LMNOP LLC



Principal Place of Business  
 4580 S OCEAN DR  
 FORT PIERCE, FL 34949

Mailing Address  
 22727 EDGECLIFF DRIVE  
 CLEVELAND, OH 44123

**DO NOT WRITE IN THIS SPACE**



01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number  
 38-3665419

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RICHARD T  
 250 AUSTRALIAN AVE., STE. 1601  
 WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JEFF OHI LLC 22727 EDGECLIFF DRIVE CLEVELAND, OH 44123
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100000184390  
 01/20/05-80028-012 50.00

**DO NOT WRITE IN THIS SPACE**

11. 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.

SIGNATURE: *By: JEFF OHI LLC - MANAGING MEMBER*  
*By: JEFFREY C. LINKER*  1/5/05 216.261.5991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #