## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # M03000003087

HOMEWORKS LOGISTICS, LLC



Jan 15, 2004 08:00 AM Secretary of State

**FILED** 

Principal Place of Business 7700 NORTHFIELD RD. WALTON HILLS, OH 44146 Mailing Address 7700 NORTHFIELD RD. WALTON HILLS, OH 44146



DO NOT WRITE IN THIS SPACE

01062004 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 56-2360831 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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  Sprature typed or protect name of registered agent and the if applicable.  (NOTE Registered Agent sonature required when refrestation)  DATE			
Signature hand of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  Filling Fee is \$50.00  Due by May 1, 2004			
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR HOMEWORKS, INC. 7700 NORTHFIELD RD. WALTON HILLS, OH 44146		U00000005786 01/15/ <b>04</b> -80063-013 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP			NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY - SI - ZIP  11. I hereby c	enify that the information supplied with this filling does not qu	alify for the exemption stated in Section 119.07(3)	(i), Florida Statutes. I further certify that the information
11. I 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 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 of suggestions are incompanied to exercise this report as required by Chapter 608, Florida Statutes.			