


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000003155**

1. Entity Name  
**SANIBEL INSIGHT LLC**



Principal Place of Business      Mailing Address

**6499 LANTANA DR.  
MIDDLETOWN, OH 45044**      **6499 LANTANA DR.  
MIDDLETOWN, OH 45044**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
**51-0482235**      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**

**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 re-registering)

**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000086195  
03/12/04-20013-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR STRUNK, JOHN JOSEPH 6499 LANTANA DR. MIDDLETOWN, OH 45044</b>
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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:** *John J. Strunk*      **JOHN J. STRUNK  
MANAGING MEMBER  
SANIBEL INSIGHT LLC**      **3/8/2004**      **(513) 759-6388**

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