2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 14, 2005 08:00 AM DOCUMENT # M03000003155 Secretary of State 1. Entity Name SANIBEL INSIGHT LLC Principal Place of Business Mailing Address 6499 LANTANA DR. 6499 LANTANA DR. MIDDLETOWN OH 45044 MIDDLETOWN OH 45044 2. Principal Place of Business 3. Mailing Address 5AME SAME Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 51-0482235 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9, MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES THLE MGR Delete THE Change ☐ Addition NAME STRUNK, JOHN JOSEPH NAME 6499 LANTANA DR. STREET ADDRESS STREET ADDRESS CITY ST-ZIP MIDDLETOWN OH 45044 CHY-ST-ZIP DILL ☐ Detete ☐ Change ☐ Addition U00000263476 U00000263476 U00000263476 U00000263476 NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TITLE ☐ Delete Change ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THE ☐ Detete Change Addition STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CiTY+SE-ZIP Till F ☐ Delete THILE ☐ Change Addition NAME NAM: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP HILE Ditt Change Addition ☐ Delete NAME NAML STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP

FILED

IGNATURE: John J. STRUNK 9 MARCH 2005 513-759-638
SIGNATURE SIGNATURE SAID TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OF AUTHORIZED REPRESENTATIVE Date Devictor Phone of

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.