


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|--|---------------------------|---|---|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 26 AM 1:32 | |
| Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | |
| 1. Name and Mailing Address of Limited Liability Company BOYKIN MANAGEMENT COMPANY LIMITED LIABILITY COMPANY GUILDHALL BLVD., #1500 45 W. PROSPECT AVE. CLEVELAND OH 44113 | | | DOCUMENT # M96000000289 94-AR CM | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 1a. Principal Place of Business Address GUILDHALL BLVD., #1500 45 W. PROSPECT AVE. CLEVELAND OH 44113 | | |
| 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | 3. Date Organized or Qualified 08/05/1996 3a. State of Formation OH 4. FEI Number 34-1836174 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 03/30/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | | |
| 7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing) | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | THE BOYKIN GROUP, INC. | 50-PUBLIC-SQUARE, STE--150 45 W. Prospect Ave., Suite 1500 Guildhall Building | | CLEVELAND OH 44115 200002866352--2 -05/07/99--01017--006 ****188.75 ****188.75 | |

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #