2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State
07-17-2002 90138 017 ****50.00

DOCUMENT # M99000001080

1. Entity Name
FAIRPORT ASSET MANAGEMENT, LLC

(P)

Principal Place of Business	Mailing Address
12697 NEW BRITTANY BLVD FT MYERS FL 33907	12697 NEW BRITTANY BLVD FT MYERS FL 33907

970532

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		3636 Euclid Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 3000	
City & State		City & State Cleveland, Ohio	
Zip	Country	Zip 44115	Country

4. FEI Number 34-1840121 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABBEY, PAUL R 1801 E 9TH STREET SUITE 1500 CLEVELAND OH 44114	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scott D. Roulston 3636 Euclid Ave Suite 3000 Cleveland, Ohio 44115	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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: SIGNATURE REQUIRED [signature] 7/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #