

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90005 012 ****50.00

DOCUMENT # M99000001080

1. Entity Name

FAIRPORT ASSET MANAGEMENT, LLC



Principal Place of Business

3636 EUCLID AVE.
SUITE 3000
CLEVELAND, OH 44115

Mailing Address

3636 EUCLID AVE.
SUITE 3000
CLEVELAND, OH 44115

24067839



03162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

CT 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ROULSTON, SCOTT D
STREET ADDRESS	3636 EUCLID AVE.
CITY - ST - ZIP	CLEVELAND, OH 44115

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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IN THIS SPACE**

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

4.26.2004

Date

216.431.3000

Daytime Phone #