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SECRETARY OF STATE

## **2001 UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## M0000001071 **DOCUMENT#**

1. Entity Name

Principal Place of Business

**SIGNATURE** 

BOYKIN FORT MYERS, LLC

2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  4. FEI Number  (5.2, 234/3364)	
City & State City & State 4. FEI Number Applied F	
50 0013061	
52-2247364 Not Appli	1000010
Zip Country Zip Country 5. Certificate of Status Desired 5. Status Desired Fee Required	l
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
Name	
C T CORPORATION SYSTEM  Stront Address (BO, Box Number in Not Accordable)	
Street Address (P.O. Box Number is Not Acceptable)	:
PLANTATION FL 33324	
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	- ,
e construction of the Control of the	
FILE NOW!!! FEE IS \$50.00 \$000004 163109	·->
Make Check Payable to Department of State 105/08/0101120011	00 .
******S0.00 ******S0.0	<u> </u>
9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES	
	ddition
NAME Boykin Holding, LLC STREET ADDRESS 45 W. Prospect Ave., Guildhall #1500	/
CITY-ST-ZIP Cleveland, OH 44115	
,	ddition
NAME Robert W. Boykin	Ì
STREET ADDRESS 45 W. Prospect AVe., Guildhall #1500 CITY-ST-ZIP Cleveland, Ohio 44115	1
	ddition
TITLE Delete TITLE V.P. of Member Delange NAME Richard C. Conti	JUNION
street address 45 W. Prospect Ave., Guildhall #1500	l
CITY-ST-ZIP Cleveland, OH 44115	
<del>, , , , , , , , , , , , , , , , , , , </del>	ddition
NAME Paul A. O'Neil	
STREET ADDRESS 45 W. Prospect Ave., Guildhall #1500	
CITY-ST-ZIP Cleveland, OH 44115	
THILE Delete THILE Secretary of Member Change X Ac	ddition
NAME Andrew C. Alexander	
STREET ADDRESS 45 W. Prospect Ave., Guildhall #1500	
CITY-SI-ZIP Cleveland, OH 44115	
TITLE Delete TITLE Change Ad	ddition
NAME * NAME	
STREET ADDRESS STREET ADDRESS	}
CITY-ST-ZIP CITY-ST-ZIP	
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 informati 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.	

Andrew C. Alexander

OND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/20/01

(216) 430-1200