2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # M02000003158

FILED Jan 18, 2005 08:00 AM Secretary of State

1. Entity Name LMNOP LLC Mailing Address Principal Place of Business 22727 EDGECLIFF DRIVE 4580 S OCEAN DR FORT PIERCE, FL 34949 CLEVELAND, OH 44123

DO NOT WRITE IN THIS SPACE



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number		Applied For
38-3665419	 	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

Fee Required

6.	Name	and	Address	of	Current	Regi	stered	Agent

	CHARD T RALIAN AVE., STE. 1601 .M BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
	named entity submits this statement for the purpose of changi ions of registered agent.	ng its registared office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstalling) DATE
Fi	iling Fee is \$50.00 ue by May 1, 2005	
9.	MANAGING MEMBERS/MANAGERS	the second secon
TITLE NAME STREET ADDRESS CITY - ST- ZIP	MGRM JEFF OHI LLC 22727 EDGECLIFF DRIVE CLEVELAND, OH 44123	- ::000000104000
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000184390 U1/20/05-80028-012 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY: ST-ZIP		
indicated	certify that the information supplied with this filing does not que on this report is true and accurate and that my signature shall billity company or the receiver or trustee empowered to execut	lity for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am a managing member or manager of the e this report as required by Chapter 608, Florida Statutes.

MY: JEFFELY c. LINKER SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OF