


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90104 017 \*\*\*138.75

DOCUMENT # L07000074111	
1. Entity Name 2180 CONGRESS AVENUE, LLC	

Principal Place of Business 20 FALLING WATER COURT REISTERSTOWN, MD 21136	Mailing Address 20 FALLING WATER COURT REISTERSTOWN, MD 21136
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2. Principal Place of Business - No P.O. Box # <i>4853 Galaxy Pkwy, I</i>	3. Mailing Address <i>4853 Galaxy Pkwy, I</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Cleveland OH</i>	City & State <i>Cleveland, OH</i>
Zip <i>44128</i>	Zip <i>44128</i>
Country <i>USA</i>	Country <i>USA</i>



02042008 Chg-LLC CR2E083 (12/06)

4. FEI Number <i>26-1077057</i>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>[Signature]</i>	DATE <i>2/4/07</i>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, MILLTON H JR 20 FALLING WATER COURT REISTERSTOWN, MD 21136 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mr. Greg Abrams, Manager</i> <i>4853 Galaxy Pkwy, I</i> <i>Cleveland, OH 44128</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i>	<i>Greg Abrams</i>	<i>2/4/07</i>	<i>216-292-2700</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #