FILED Mar 13, 2008 08:00 AN Secretary of State

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000001330 1. Entity Name 1016 IRONWOOD, LLC Mailing Address Principal Place of Business 4359 E. HOHMAN CIRCLE 4359 E. HOHMAN CIRCLE AKRON, OH 44319 AKRON, OH 44319



02012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For
61-1485186	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6.	Name	and Addre	ss of Curi	rent Register	ed Agent

PARSONS, ROSEMARIE 7148 ESTERO BLVD., #320

DO NOT WRITE

FT MYERS	S BEACH, FL 33931-4721	IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the purpose of chanions of registered agent.	ging its registered 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 reinstating) 03/28/08-80024-008 138.75		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARSONS, DALE E 4359 E. HOHMAN CIRCLE AKRON, OH 44319			
TITLE NAME. STREET ADDRESS CITY-ST-ZIP		·		
TITLE NAME STREET ADDRESS CHY-ST-ZIP		DO NOT WRITE		
NAME STREET ADDRESS CITY+ST-ZIP		IN THIS SPACE		
TITLE NAME ; STREET ADDRESS CITY-ST-ZIP	: .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby of indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature st	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am a managing member or manager of the cutte this report as required by Chapter 60, Efocida Statutes.		

^{3/8/08 330-645-6469}