

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90049 013 ****50.00

DOCUMENT # L00000002025

1. Entity Name
EAST OHIO LLC



Principal Place of Business
**1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE, FL 32308 US**

Mailing Address
**1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE, FL 32308 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272006 Chg-LLC CR2E083 (11/05)

4. FEI Number

58-3625982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TODD, DAVID
1801 HERMITAGE BLVD., STE. 100
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name **C T Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

James M. Halpin

Assistant Secretary

2/7/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **FLORIDA STATE BOARD OF ADMINISTRATION**
STREET ADDRESS **1801 HERMITAGE BLVD., STE. 100**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

***Florida State Board of Administration**

SIGNATURE:

Douglas W. Bennett -sSenior Investment Officer, Real Estate*

3-21-06

Daytime Phone #