

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002025

Entity Name: EAST OHIO LLC

FILED
Apr 20, 2012
Secretary of State

Current Principal Place of Business:

1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

New Mailing Address:

.191 N WACKER DRIVE
SUITE 2500
CHICAGO, IL 60606 US

Current Mailing Address:

1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE, FL 32308 US

FEI Number: 58-3625982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: FLORIDA STATE BOARD OF ADMINISTRATION
Address: 1801 HERMITAGE BLVD., SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: VS
Name: MCCARTHY, THOMAS D
Address: 191 N. WACKER DRIVE, SUITE 2500
City-St-Zip: CHICAGO, IL 60606 US

Title: VT
Name: SMITH, ROGER E
Address: 191 N. WACKER DRIVE, SUITE 2500
City-St-Zip: CHICAGO, IL 60606 US

Title: VAS
Name: KURNICK, KAREN A
Address: 191 N. WACKER DRIVE, SUITE 2500
City-St-Zip: CHICAGO, IL 60606 US

Title: VAS
Name: SMITH, JEFFREY L
Address: 1801 HERMITAGE BOULEVARD, SUITE 600
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VAS
Name: GRAY, LYNNE M
Address: 1801 HERMITAGE BOULEVARD, SUITE 600
City-St-Zip: TALLAHASSEE, FL 32308 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ROGER E SMITH

VT

04/20/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date