


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003687 1. Entity Name DAVIS GILLUM DEVELOPMENT COMPANY, LLC	
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Principal Place of Business
2750 EAST OVERLOOK ROAD
CLEVELAND, OH 44106

Mailing Address
2750 EAST OVERLOOK ROAD
CLEVELAND, OH 44106



01232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2609966	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDS, CARLTON P.A.
100 S.E. SECOND STREET, SUITE 4000
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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** _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000114294
04/15/04-80044-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAVIS, LAWRENCE M
STREET ADDRESS	2750 EAST OVERLOOK ROAD
CITY-ST-ZIP	CLEVELAND, OH 44106

TITLE	MGRM
NAME	GILLUM, STEPHEN L
STREET ADDRESS	1016 22ND STREET
CITY-ST-ZIP	SARASOTA, FL 34234

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

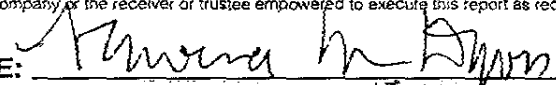
TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-11-04

Date

216 321 4508

Daytime Phone #