## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000014771

Name:

Address:

City-St-Zip:

791 WYE RD.

**AKRON, OH 44333** 

Entity Name: TELANTIS TECHNOLOGY GROUP, LLC

FILED Apr 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 345 CHANCERY CIRCLE NAPLES, FL 34110 US **Current Mailing Address: New Mailing Address:** 791 WYE RD AKRON, OH 44333 US FEI Number: 59-3740652 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM MEYERSON, ANDREW S 1200 SOUTH PINE ISLAND ROAD 5100 S. CLEVELAND PLANTATION, FL 33324 318387 FORT MYERS, FL 32301 US 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: ANDREW S. MEYERSON 04/30/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM ( ) Delete Title: () Change () Addition YC RIVER LLLP, Name: Name: Address: 791 WYE RD. Address: City-St-Zip: AKRON, OH 44333 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: CULOTTA, ELINOR M Name: Address: 791 WYE RD. Address: City-St-Zip: **AKRON, OH 44333** City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MEYERSON, ADAM H Name: KESSLER, HERBERT C III Name: Address: **791 WYE RD** Address: **791 WYE RD** City-St-Zip: AKRON, OH 44333 City-St-Zip: **AKRON. OH 44333** Title: ASAT ( ) Delete Title: () Change () Addition WARREN, DEBORAH A

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ELINOR CULOTTA 04/30/2008