

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90155 013 \*\*\*\*50.00

**DOCUMENT #** L01000016441  
1. Entity Name  
SAYBROOK PRODUCTS, LLC

30043188

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
26201 RICHMOND ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BEDFORD HEIGHTS OH

City & State

Zip Country  
44146 CUYAHOGA

4. FEI Number  
65-1148385

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
JOHN OSHER

Street Address (P.O. Box Number is Not Acceptable)  
13134 REDON DRIVE

City  
PALM BEACH GARDENS FL

Zip Code  
33410

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.

DATE \_\_\_\_\_

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER JOHN D. OSHER 13134 REDON DRIVE PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E089B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  03/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # 216-593-0500