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

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

SEPTING Secretary Secret	DOCU 1. Entity Na	MENT # L01000016	5441	1	03-1	18-2003 90155 013 ****50.00	
2. Principal Place of Business 2 3. Mailing Address 2 2 6 2 0 1 RICHMOND ROAD Suite, Apt 8, etc. Suite, Apt	SAYBRO	OOK PRODUCTS, LLC		/			
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City & State BEDFORD HEIGHTS OH Zip Country Zip Country Zip Country A1146 CUYARIOGA DO NOT WRITE IN THIS SPACE To Name and Address of Current Registered Agent Street Address (PO Box Number is Not Acceptable) 13134 REDON DRIVE City PALM BEACH GARDENS FL Zip Code 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 difference of the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and stile if applicable. PEE IS \$50.00 Make Check Payable to Florida Department of State DIVE BY MAY 1 9. MANAGING MEMBERS TITLE NAME JOHN D. OSHER SIGNATURE ANANAGING MEMBERS TITLE NAME JOHN D. OSHER SIGNATURE PALM BEACH GARDENS, FI 33410 TITLE NAME SIRRET ADDRESS OTY, 51.2P TITLE NAME SIRRET ADDRESS CITY, 51.2P DO NOT WRITE IN THIS SPACE TITLE NAME SIRRET ADDRESS OTY, 51.2P TITLE NAME SIRRET A							
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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 manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:	manager of	the limited liability company or the re	this filing does not qualify curate and that my signatuceiver or trustee empower	for the exemption sta ure shall have the sa ed to execute this re	me legal effect as it made under port as required by Chapter 608,	oath; that I am a managing member or Florida Statutes.	1

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone # 216 - 593 - 0500

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