### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

# FILED May 02, 2005 08:00 AM Secretary of State

DOCL	IMENT	#	_020000	002887
	<i>JIVIL</i> IV I	77 L		JUE-001

1. Entity Name LG CITRUS PARK, LLC



Principal Place of Business

25101 CHAGRIN BLVD. #300 BEACHWOOD, OH 44122 Mailing Address

25101 CHAGRIN BLVD. #300 BEACHWOOD, OH 44122



#### DO NOT WRITE IN THIS SPACE

1212005 No Chg-LLC	 CR2E083 (	(10/03)

4. FEI Number NOT APPLICABLE

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO. 200 SOUTH ORANGE AVE. SUITE 2300 ORLANDO, FL 32801

#### 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 litle if applicable.

(NOTE Registered Agent signature required when reinstaling)

DATE

Filing Fee is \$50.00 Due by May 1, 2005

9.	MAÑAGING MEMBERS/MANAGERS
TITLE NAME SIRCET ADDRESS CITY - ST - ZIP	MGRM GOLDBERG, LARRY 25101 CHAGRIN BLVD. #300 BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY'-ST-ZIP	MGR GOLDBERG, JORDAN 25101 CHAGRIN BLVD. #300 BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELL, ERIC 25101 CHAGRIN BLVD. #300 BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY -ST - ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	

U00000358614 U5/04/05-80120-018 50.00

## DO NOT WRITE

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 path, 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.

IGNATURE:

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

x 4-26-05 216-831-6100

Daytime Phone #