

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000746

Entity Name: BIRDSTREETS, LLC

FILED  
Apr 13, 2009  
Secretary of State

## Current Principal Place of Business:

5495 BRYSON DRIVE  
SUITE 423  
NAPLES, FL 34109

## Current Mailing Address:

5495 BRYSON DRIVE  
SUITE 423  
NAPLES, FL 34109

## New Principal Place of Business:

26401 EMERY ROAD  
SUITE 104  
WARRENSVILLE HEIGHTS, OH 44128

## New Mailing Address:

26401 EMERY ROAD  
SUITE 104  
WARRENSVILLE HEIGHTS, OH 44128

FEI Number: 20-0249495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOOD, DOUGLAS A ESQUIRE  
1000 TAMiami TRAIL NORTH  
SUITE 201  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SCHEER, JOEL  
Address: 26401 EMERY ROAD SUITE 104  
City-St-Zip: WARRENSVILLE HEIGHTS, OH 44128

Title: MGR (X) Delete  
Name: FRECHETTE, DENNIS P  
Address: 5495 BRYSON DRIVE SUITE 423  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JOEL SCHEER

MGR

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date