


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90125 033 ****50.00

DOCUMENT # L03000004475					
1. Entity Name SLC MANAGEMENT, LLC					
Principal Place of Business 76 SOUTH LAURA STREET, SUITE 1700 JACKSONVILLE, FL 32202			Mailing Address 76 SOUTH LAURA STREET, SUITE 1700 JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03232005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 04-3736808				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARPER, LEWIS W 76 SOUTH LAURA STREET, SUITE 1700 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGRM NAME MANYA, ANTHONY S STREET ADDRESS 75 EAST MARKET ST STE 330 CITY-ST-ZIP AKRON, OH 44308	<input type="checkbox"/> Delete		TITLE MGRM NAME ANTHONY S. MANNA STREET ADDRESS 75 EAST MARKET ST STE 330 CITY-ST-ZIP AKRON, OH 44308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME KRISHIASLTH, KENNETH J STREET ADDRESS 76 S LAURA ST STE 1700 CITY-ST-ZIP JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete		TITLE MGRM NAME KENNETH J. KRISMANTH STREET ADDRESS 76 LAURA ST STE 1700 CITY-ST-ZIP JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME CORE, MARK S IV STREET ADDRESS 75 EAST MARKEY ST STE 330 CITY-ST-ZIP AKRON, OH 44308	<input type="checkbox"/> Delete		TITLE MGRM NAME MARK S. CORR, II STREET ADDRESS 75 EAST MARKET ST SUITE 330 CITY-ST-ZIP AKRON, OH 44308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME STEURER, DANIEL P STREET ADDRESS 1870 17TH STREET CITY-ST-ZIP AKRON, OH 44314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i>			Date: <i>5/14/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #					

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