


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90203 023 \*\*\*\*50.00

<b>DOCUMENT # L03000004475</b> 1. Entity Name <b>SLC MANAGEMENT, LLC</b>					
Principal Place of Business <b>76 SOUTH LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202</b>			Mailing Address <b>76 SOUTH LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>04-3736808</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>HARPER, LEWIS W 76 SOUTH LAURA STREET, SUITE 1700 JACKSONVILLE, FL 32202</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>BMD Florida Service, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>76 S. Laura Street</b> <b>Suite 2110</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202</b>		
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 <u><i>Lee S. Walko</i></u> <b>Lee S. Walko, Auth. Representative</b> <u>3/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNA, ANTHONY S 75 EAST MARKET ST STE 330 AKRON, OH 44308	<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	MGRM KRISMANATH, KENNETH J 76 S LAURA ST STE 1700 JACKSONVILLE, FL 32202	<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	MGRM CORR, MARK S IV 75 EAST MARKEY ST STE 330 AKRON, OH 44308	<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	MGRM STEURER, DANIEL P 1870 17TH STREET 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	<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	<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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u><i>Anthony S. Manna</i></u> <b>Anthony S. Manna</b>			<u>3/10/06</u> <u>330-253-5060</u> <small>Date      Daytime Phone #</small>		



BRENNAN, MANNA & DIAMOND, LLC  
ATTORNEYS & COUNSELORS AT LAW

ATTACHMENT  
20013827  
# L03000004475

Anna-Karina Dragolich  
Phone: 330-253-5060  
Fax: 330-253-1977  
Email: akdragolich@bmdllc.com

March 10, 2006

Florida Department of State  
Division of Corporations  
PO Box 6478  
Tallahassee, FL 32314

RE: SLC Management, LLC

Dear Sir or Madam:

Enclosed herewith please find the 2006 Annual Report for the above-referenced entity, along with a check in the amount of \$50.00 for the filing fee. Please file the same and return any receipts and/or certificates to me.

Thank you for your time and attention to this matter. Please feel free to contact me if you should have any questions.

Very truly yours,

*A-K Dragolich*

Anna-Karina Dragolich  
Paralegal