2007 LIMITED LIABILITY COMPANY

May 03, 2007 8:00 am Secretary of State **ANNUAL REPORT** 05-03-2007 90252 029 ****50.00 DOCUMENT # L03000004475 1. Entity Name SLC MANAGEMENT, LLC Principal Place of Business Mailing Address 76 SOUTH LAURA STREET, SUITE 2110 76 SOUTH LAURA STREET, SUITE 2110 IACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04242007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 04-3736808 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BMD Florida Service, LLC FLORIDA SERVICE, LLC Street Address (P.O. Box Number is Not Acceptable) 76 SOUTH LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202 76 S. Laura Street, Suite 2110 Zip Code 32202 City Jacksonville 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. Lee S. Walko V. P. (NOTE: Registered Agent signature required) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ■ Addition ☐ Change **MGRM** □ Delete TITLE TITLE MANNA, ANTHONY S NAME NAME STREET ADDRESS 75 EAST MARKET ST STE 330 STREET ADDRESS AKRON, OH 44308 CITY-ST-ZIP CITY-ST-7IP MGRM Kenneth J. Krismanth 76 S. Laura Street, Suite 2110 Change Addition MGRM ☐ Delete TITLE TITLE KRISMANTH, KENNETH J NAME NAME STREET ADDRESS 76 S LAURA ST STE 1700 STREET ADDRESS Jacksonville, FL 32202 CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-7IP Change ☐ Addition MGRM Delete TITI F TITLE CORR. MARK S IV NAME NAME 75 EAST MARKEY ST STE 330 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AKRON, OH 44308** CITY-ST-ZIP Change Addition TITLE **MGRM** ☐ Delete TITI F STEURER, DANIEL P NAMÉ NAME STREET ADDRESS **1870 17TH STREET** STREET ADDRESS CITY-ST-ZIP **AKRON, OH 44314** CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 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.

Anthony S. Manna

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

FILED

Daytime Phone #