
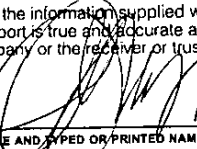


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90211 014 ****50.00

DOCUMENT # L05000020688					
1. Entity Name SNUG HARBOUR DEVELOPMENT, LLC					
Principal Place of Business P.O. BOX 850 PANAMA CITY, FL 32402-0850 US			Mailing Address 470 WHITE POND DR. SUITE 200 AKRON, OH 44320 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2445706	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BDB AGENT CO. 5355 TOWN CENTER ROAD SUITE 900 BOCA RATON, FL 33486			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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSLEY, GERALD J JR 190 EAST AVE TALLMADGE, OH 44278	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	470 White Pond Dr AKRON, OH 44320	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALVERT, KEITH D 190 EAST AVE TALLMADGE, OH 44278	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	470 White Pond Dr AKRON, OH 44320	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERENTZ, CRAIG N 190 EAST AVE TALLMADGE, OH 44278	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	470 White Pond Dr AKRON, OH 44320	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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.					
SIGNATURE: 			MANAGING MEMBER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 1-5-07 Daytime Phone # 330-633-2331		
Gerald J. Mosley, Managing Member					