
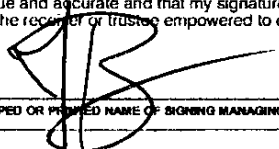


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90072 048 \*\*\*\*50.00

<b>DOCUMENT # L05000025165</b> 1. Entity Name IMA, LLC					
Principal Place of Business <b>4 ELEVENTH AVENUE, SUITE ONE SHALIMAR, FL 32579</b>			Mailing Address <b>24748 AURORA ROAD, SUITE 110 BEDFORD HEIGHTS, OH 44146</b>		
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		
6. Name and Address of Current Registered Agent  <b>PITELL, LISA Y 4 ELEVENTH AVENUE, SUITE ONE SHALIMAR, FL 32579</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</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	<b>MGR HUEBNER, MICHAEL 24748 AURORA RD, SUITE 110 BEDFORD HEIGHTS, OH 44146</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Change           <input type="checkbox"/> Addition         </div> <b>1651 EDGEFIELD ROAD LYNDHURST OH 44124</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BELARDO, JAMES J 24748 AURORA RD, SUITE 110 BEDFORD HEIGHTS, OH 44146</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Change           <input type="checkbox"/> Addition         </div> <b>3075 DALES COURT NORTH ROYALTON OH 44133</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> 			<b>2/27/07</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		