


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90068 015 \*\*\*138.75

<b>DOCUMENT # L05000025165</b>					
<b>1. Entity Name</b> IMA, LLC					
<b>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 #</b>		<b>3. Mailing Address</b> 3275 DALES CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> NORTH ROYALTON OH		<b>4. FEI Number</b> 20-2620002	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip		Country		01142008 Chg-LLC CR2E083 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PITELL, LISA Y 4 ELEVENTH AVENUE, SUITE ONE SHALIMAR, FL 32579			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
Make check payable to Florida Department of State					
<b>9. MANAGING MEMBERS / MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUEBNER, MICHAEL 1651 EDGEFIELD RD CLEVELAND, OH 44124				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BELARDO, JAMES J 3275 DALES CT NORTH ROYALTON, OH 44133				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP				
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<b>10. ADDITIONS / CHANGES</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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<b>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>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					