

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032856

FILED
Apr 28, 2009
Secretary of State

Entity Name: 4801 ISLAND POND COURT LLC

Current Principal Place of Business:

4801 ISLAND POND COURT
SOUTH ENTRANCE, UNIT 503
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

6685 BETA DR.
CLEVELAND, OH 44143

New Mailing Address:

FEI Number: 20-3040761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANALLO, ROBERT A
4801 ISLAND POND COURT
SOUTH ENTRANCE, UNIT 503
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RANALLO, ROBERT A
Address: 4801 ISLAND POND COURT #503, S. ENTRANCE
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGRM () Delete
Name: GEHRISCH, DENNIS M TRUSTEE
Address: 8901 TYLER BLVD.
City-St-Zip: MENTOR, OH 44060

Title: MGRM () Delete
Name: LANGER, DENNIS M
Address: 8901 TYLER BLVD.
City-St-Zip: MENTOR, OH 44060

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT A. RANALLO

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date