

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90030 006 \*\*\*138.75

DOCUMENT # L05000051779

1. Entity Name  
BOARDWALK, LLC



Principal Place of Business  
4 NORTH MAIN STREET  
MEZZANINE LEVEL  
CHAGRIN FALLS, OH 44022 US

Mailing Address  
30050 CHAGRIN BOULEVARD  
PEPPER PIKE, OH 44124 US

60037299



2. Principal Place of Business - No P.O. Box # 6401-6419 102nd Avenue North Suite, Apt. #, etc.		3. Mailing Address c/o Jacob Real Estate Services, Inc. 607 W. Bay Street City & State Tampa, FL Zip 33606 Country USA	
City & State Pinellas Park, FL	City & State Tampa, FL	Zip 33782	Country USA

04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-2893324  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAUTTER, C. CHRISTIAN ESQ.  
2850 NORTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

Name  
James C. Jacob, CCIM  
Street Address (P.O. Box Number is Not Acceptable)  
Jacob Real Estate Services, Inc.  
607 W. Bay Street  
City  
Tampa FL Zip Code  
33606

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 James C. Jacob 4/28/08  
Signature, type and print the name of registered agent and title if applicable. (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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOSAR, BERNIE J JR. 4 NORTH MAIN STREET, MEZZANINE LEVEL CHAGRIN FALLS, OH 44022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James C. Jacob 4/28/08 (813) 258-3200  
SIGNATURE AND TYPE OF PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #