


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000022450 1. Entity Name EXECUTIVE ASSOCIATES LLC	
---	---

Principal Place of Business 12 SEAGRAPE CIRCLE CLEARWATER, FL 33759	Mailing Address 12 SEAGRAPE CIRCLE CLEARWATER, FL 33759
---	---

DO NOT WRITE IN THIS SPACE



04282008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 74-3167643	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent LANCI, JUDY B 12 SEAGRAPE CIR CLEARWATER, FL 33759
--

**DO NOT WRITE
IN THIS SPACE**

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 _____

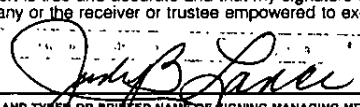
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000936975
05/27/08-80031-015-138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOX, JOE G 1614 EAST 40TH STREET CLEVELAND, OH 44103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANCI, KENNETH A 1614 EAST 40TH STREET CLEVELAND, OH 44103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4-30-08** **813-477-1160**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #