


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

5/ **FILED**
Jun 30, 2008 8:00 am
Secretary of State

05-19-2008 90190 021 ***138.75

DOCUMENT # L06000077487 1. Entity Name MDG ZAREMBA SAMMYTOWN, LLC	
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Principal Place of Business 14600 DETROIT AVENUE, STE. 1500 LAKEWOOD, OH 44107	Mailing Address 14600 DETROIT AVENUE, STE. 1500 LAKEWOOD, OH 44107
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8377881	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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

[Signature]
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/28/08
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZAREMBA TAMPA RESIDENTIAL, LLC 14600 DETROIT AVENUE, STE. 1500 LAKEWOOD, OH 44107
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**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 118, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/08
Date

Daytime Phone #