


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90333 027 ****50.00

DOCUMENT # L97000000786 1. Entity Name CLEVELAND AVENUE HOTEL, L.C.					
Principal Place of Business 4011 S CLEVELAND AVE FORT MYERS, FL 33907			Mailing Address 1751 SUNNYSIDE DR MAITLAND, FL 32751		
2. Principal Place of Business 4811 S. CLEVELAND AVE		3. Mailing Address 1619 DRUID RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ft. Myers FL		City & State MAITLAND FL		4. FEI Number 36-4172357	
Zip 33907		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32751		Country		04012004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent MUSSELMAN, CARLA P 1751 SUNNYSIDE DR MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLUTH, ROBERT C 225 WEST WASHINGTON STREET CHICAGO, IL 60606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Robert C. Gluth</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4-8-04 312-640-9900 Date Daytime Phone #		