

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000968

FILED
Apr 30, 2008
Secretary of State

Entity Name: DANIELS ROAD INVESTMENTS, L.L.C.

Current Principal Place of Business:

4690 MUNSON STREET NW
B
CANTON, OH 44718

New Principal Place of Business:

Current Mailing Address:

4690 MUNSON STREET NW
B
CANTON, OH 44718

New Mailing Address:

FEI Number: 58-2471704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, DAVID J
800 LAUREL OAK DRIVE
SUITE 600
NAPLES, FL 34108 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 (X) Delete
Name: JOHN D. DESPREZ REVO, CABLE TRUST
Address: 4690 MUNSON STREET NW
City-St-Zip: CANTON, OH 447183636

Title: MGRM (X) Delete
Name: CAROLINE H. DESPREZ, REVOCABLE TRUS T
Address: 4690 MUNSON STREET NW
City-St-Zip: CANTON, OH 447183636

Title: MGR () Delete
Name: SIMMONS, DAVID J
Address: 4690 MUNSON STREET NW
City-St-Zip: CANTON, OH 447183636

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: DAVID J SIMMONS

MGR

04/30/2008

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