

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
REC-2004 08:00 AM
Apr 29 2004
Secretary of State
JAN 27 2004

DOCUMENT # M00000001071	
1. Entity Name BOYKIN FORT MYERS, LLC	

Principal Place of Business 45 W. PROSPECT AVE., GUILDHALL BLVD, SUITE 1500 CLEVELAND OH 44115	Mailing Address 45 W. PROSPECT AVE., GUILDHALL BLVD, SUITE 1500 CLEVELAND OH 44115
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 52-2247364	☐ Applied For ☐ Not Applied
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MEM	NAME BOYKIN HOLDING, LLC ☐ Delete	TITLE	☐ Change ☐ Add
STREET ADDRESS 45 W. PROSPECT AVE., GUILDHALL #1500	CITY-ST-ZIP CLEVELAND OH 44115	NAME	
TITLE PM	NAME BOYKIN, ROBERT W ☐ Delete	STREET ADDRESS	
STREET ADDRESS 45 W. PROSPECT AVE., GUILDHALL #1500	CITY-ST-ZIP CLEVELAND OH 44115	CITY-ST-ZIP	
TITLE VM	NAME CONTI, RICHARD C ☐ Delete	NAME	☐ Change ☐ Add
STREET ADDRESS 45 W. PROSPECT AVE., GUILDHALL #1500	CITY-ST-ZIP CLEVELAND OH 44115	STREET ADDRESS	
TITLE SM	NAME ALEXANDER, ANDREW C ☐ Delete	CITY-ST-ZIP	
STREET ADDRESS 45 W. PROSPECT AVE., GUILDHALL #1500	CITY-ST-ZIP CLEVELAND OH 44115	NAME	☐ Change ☐ Add
TITLE	☐ Delete	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		NAME	☐ Change ☐ Add
CITY-ST-ZIP		STREET ADDRESS	
TITLE	☐ Delete	CITY-ST-ZIP	
NAME		NAME	☐ Change ☐ Add
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Andrew Alexander **SECRETARY** 01/27/2004 (216) 430-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #