## **2003 LIMITED LIABILITY COMPANY**

## UNIFORM BUSINESS REPORT (UBR) M00000001071

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



Sep 02, 2003 8:00 am Secretary of State 09-02-2003 90121 010 \*\*\*\*50.00

**FILED** 

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	•		GO WE THE				
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					
2. Principal P	lace of Business	3. Mailing Address			<b>0(140))</b>	<b>91</b> 614 <b>96</b> 181 61811 98115	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Nun	nber <b>52-2247364</b>	Applied For Not Applicable	
Zip Country		Zip Country		5. Certifica	cate of Status Desired S5.00 Additional Fee Required		ditional
	_ 6. Name and Address of Current	Registered Agent	<u> </u>	7. Name a	nd Address of New Registe	red Agent	
			Name		The same of the sa		1 2
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street Addre	ess (P.O. Box Num	nber is Not Acceptable)		<u> </u>
TALLAHA:	SSEE FL 32301-2525		<del></del>				
ŧ .	*		City			FL Zip Cod	le
	named entity submits this statement foi ions of registered agent.	r the purpose of changing its	registered office or regi	istered agent, or t	ooth, in the State of Florida. I	am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTi	E: Registered Agent signature rec	quired when reinstating)	D <sub>i</sub>	ATE	
	\$0.00	FILE NO	OW!!! FEE IS \$50.0	00			Ī
•	••	Make Check Payabl			Ì		
	. •	1	September 24, 200				
9.	MANAGING MEMBE		10.		ADDITIONS/CHAN	IGES .	
TITLE	WANAGING MEMBE	Delete	TITLE	<del></del>	ADDITIONO/CITAIN	☐ Change	Addition
NAME	BOYKIN HOLDING, LLC	L_1 Delete	NAME			C Crange	☐ Addition
STREET ADDRESS	45 W. PROSPECT AVE., GUILDH	ALL #1500	STREET ADDRESS				
CITY-ST-ZIP	CLEVELAND OH 44115		CITY-ST-ZIP				
TITLE		Delete	TITLE			☐ Change	Addition
NAME	BOYKIN, ROBERT W	ALL #4500	NAME				ı
STREET ADDRESS	45 W. PROSPECT AVE., GUILDH CLEVELAND OH 44115	ALL #1500	STREET ADDRESS				
CITY-ST-ZIP	CLEVELAIND ON 44115		CITY-ST-ZIP				
TITLE	CONTI, RICHARD C	Delete			man transport to the second	🚅 🖃 Change	Addition
NAME	45 W. PROSPECT AVE., GUILDH	Δ11 #1500	NAME				·
STREET ADDRESS   CITY-ST-ZIP	CLEVELAND OH 44115	ALL # 1000	STREET ADDRESS   CITY-ST-ZIP				
		——————————————————————————————————————			<del></del>		
TITLE   NAME	O'NEIL, PAUL A	Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	45 W. PROSPECT AVE., GUILDH	ALL #1500	STREET ADDRESS				
CITY-ST-ZIP	CLEVELAND OH 44115		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	<u> </u>		Change	☐ Addition
NAME	ALEXANDER, ANDREW C		NAME				
STREET ADDRESS	45 W. PROSPECT AVE., GUILDH	ALL #1500	STREET ADDRESS				
CITY-ST-ZIP	CLEVELAND OH 44115		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				Į
STREET ADDRESS			STREET ADDRESS				Ì
CITY-ST-ZIP			CITY-ST-ZIP				
11. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exemption stated in	Section 119.07(	3)(i), Florida Statutes, I furthe	r certify that the ir	nformation

indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07/23/03

(216) 430-1200

Date

Daytime Phone #