



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90047 007 \*\*\*\*50.00

<b>DOCUMENT # M00000001819</b> 1. Entity Name <b>EUSTIS LAND DEVELOPMENT, LLC</b>					
Principal Place of Business <b>34555 CHAGRIN BLVD. MORELAND HILLS, OH 44022</b>			Mailing Address <b>34555 CHAGRIN BLVD. MORELAND HILLS, OH 44022</b>		
2. Principal Place of Business <b>30575 Bainbridge Rd.</b> Suite, Apt. # etc. <b>Suite 100</b>		3. Mailing Address <b>30575 Bainbridge Rd.</b> Suite, Apt. #, etc. <b>Suite 100</b>			
City & State <b>Solon OH</b>		City & State <b>Solon OH</b>		4. FEI Number <b>34-1932170</b>	
Zip <b>44139</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME <b>MGRM WOLSTEIN, BERTRAM L TRUSTEE</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>34555 CHAGRIN BLVD.</b> CITY-ST-ZIP <b>MORELAND HILLS, OH 44022</b>			TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE NAME <b>MGRM MCGILL, JOHN R.</b> <input type="checkbox"/> Delete STREET ADDRESS <b>34555 CHAGRIN BLVD.</b> CITY-ST-ZIP <b>MORELAND HILLS, OH 44022</b>			TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ CITY-ST-ZIP _____		
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TITLE NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS _____ 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)(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.					
<b>SIGNATURE:</b> <u>Steven R. Hines</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>2/22/05</u> Daytime Phone # <u>440-914-4217</u>		