## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 03, 2003 8:00 am Secretary of State

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Principal Place of Business     3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES  4. FEI Number 24-1020170 Applied For		
City & State		City & State		4. FEI Nurt	4. FEI Number 34-1932170		ot Applicable
Zip	Country	Zip	Country	5. Certifica	te of Status Desired	\$5.00 Add	
	6. Name and Address of Current	Registered Agent		7. Name e	nd Address of New Regist	ered Agent	
1200	CORPORATION SYSTEM ) SOUTH PINE ISLAND ROAD NTATION FL 33324		Street Address	s (P.O. Box Num	ber is Not Acceptable)	Vitaria di	
		•	City		<del></del>	FL Zip Code	e
			1.		solb in the State of Elevida	• —	and accept
<ol><li>The above the obligation</li></ol>	named entity submits this statement fi ions of registered agent.	or the purpose of changing in	s registered office or regis		Dui, jii the State of Fiolida.	i din taningi wini, t	and accept -
SIGNATURE .	to a second of the second of t			· •		<u> </u>	*
	Signature, typed or printed name of registered agen		TE: Registered Agent signature requires		<u> </u>	DATE	
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त्याप्य दक्ष हुन्य	Of Tealities		ie By May 1, 2003				-
9.	MANAGING MEMB		10.		ADDITIONS/CHA	NGES	
TITLE JANA CO	MGRM	TITLE	†		☐ Change	☐ Addition	
NAME	· WOLSTEIN, BERTRAM L TRUS	NAME	1				
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TITLE	MORELAND HILLS OH 44022 MGRIM	Delete	TITLE			☐ Change	Addition
NAME	MCGILL, JOHN R	_ 5540	NAME				] '
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NAME. STREET ADDRESS			STREET ADDRESS				{
CITY-ST-ZIP		4	CITY-ST-ZIP				
استفهما والساوا	pertify that the information supplied wit on this report is true and accurate and billity company or the receiver or truste	d that my cianatura chall have	a the same lenal effect as	ir made under da	in' mai i am a manaoind n	er certify that the in nember or manage	nformation r of the
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SIGNAT	TURE:	I UMBOKK UR	Phice III		1/8/25		
	SIGNATURE AND TYPED OR PRINTED NAME	of Signing Managing Member, Nu	RHAGER, OR AUTHORIZED REPR	SENTATIVE	Date	Daytime Phone #	1