


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001592
 1. Entity Name
 FLORIDA CITY VENTURES, LLC



Principal Place of Business 34555 CHAGRIN BOULEVARD MORELAND HILLS, OH 44022	Mailing Address 34555 CHAGRIN BOULEVARD MORELAND HILLS, OH 44022
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DO NOT WRITE IN THIS SPACE



03072003 No Chg-LLC CR2E083 (10/03)

4. FEI Number 34-1963897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCGILL, JOHN R 34555 CHAGRIN BOULEVARD MORELAND HILLS, OH 44022
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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

SIGNATURE: [Signature] 6/8/04 440-914-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #