

**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

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 ☐

\$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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

9. MANAGING MEMBERS/MANAGERS

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

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06/14/04-80001-006 50.00

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IN THIS SPACE**

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

6/8/04

Date

440-914-4300

Daytime Phone #