


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State


03-10-2005 90038 038 ****50.00

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



Principal Place of Business Mailing Address
 34555 CHAGRIN BOULEVARD 34555 CHAGRIN BOULEVARD
 MORELAND HILLS, OH 44022 MORELAND HILLS, OH 44022

2. Principal Place of Business 3. Mailing Address
 30575 Bainbridge Rd 30575 Bainbridge Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 100 Suite 100
 City & State City & State
 Solon OH Solon OH
 Zip Country Zip Country
 44139 USA 44139 USA

20019813

 02152005 Chg-LLC CR2E083 (10/03)
 4. FEI Number Applied For
 34-1963897 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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCGILL, JOHN R 34555 CHAGRIN BOULEVARD MORELAND HILLS, OH 44022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCGILL, JOHN R 30575 BAINBRIDGE RD, SUITE 100 SOLON OH 44139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Steven R. Himes STEVEN R HIMES, REP 3/3/05 440-914-427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #