


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # M01000001593</b> 1. Entity Name OSCEOLA LAND DEVELOPMENT, LLC	
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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 55-0804936	Applied For <input type="checkbox"/> 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

**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 STREET ADDRESS CITY - ST - ZIP	MGR MCGILL, JOHN R 34555 CHAGRIN BOULEVARD MORELAND HILLS, OH 44022
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06/14/04-80001-010 50.00

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