2004 LIMITED LIABILITY COMPANY ::

DOCUMENT # M01000001593

1. Entity Name
OSCEOLA LAND DEVELOPMENT, LLC

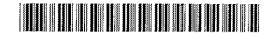


FILED Jun 14, 2004 08:00 AM Secretary of State

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 55-0804936 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

		IIN	I IIIO SPACE	
8. The above the obligat	named entity submits this statement for the purpose of charlens of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE	
Fil Due l	ling Fee is \$50.00 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		100000162507 06/14/04-80001-010 50.00	
TITLE NAME STREET ADORESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-JIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		»N	IN THIS SPACE	
TITLE NAME STREET ADDRESS				

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:

City-St-7/P

NAME STREET ADDRESS CITY-ST-ZIP

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

6/8/04

440-914 4300

Daytime Phone #