2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State

| Principal Place of Dushinss | 1. Entity Name MELBOURNE H LEA | | | 05-01-2007 | 90325 006 **** | 50.00 | | | |
|--|---|---|-----------------------------|--|--|----------------------|---------------------------------|-------------------------------------|--|
| Sale, Apt. 9 cc. Suit, App. 9 cc. Suit, Apt. 9 cc. Suit, | 45 W. PROSPECT AVE. GUILDHALL BLDG., STE. 1500 CLEVELAND, OH 44114 GUILDHALL BLDG., STE. 1500 CLEVELAND, OH 44114 | | | | | | | | |
| City 4 State City 4 State City 4 State County Ty County Ty County Ty Ty Ty County Ty Ty Ty Ty Ty Ty Ty Ty Ty | 5847 San Felipe | | 5847 San Felipe | | | | | | |
| Zip Country Zip Country Zip Country Zip Country Zip | Suite 4650 | | Suite 4650 | | | | | | |
| File Paol is \$50.00 This paol is \$50.00 MARE check payable to Prioritis Proprieted agent and the facebable (NOTE Ingelleted Agent area of any marrial rare of angeleted agent and the facebable (NOTE Ingelleted Agent area of any marrial rare of angeleted agent and the facebable (NOTE Ingelleted Agent area of any marrial rare of angeleted agent and the facebable (NOTE Ingelleted Agent agent and the facebable agent agent and the facebable agent agent and the facebable agent agent agent and the facebable agent age | Houston, Tx | | | | | ·············· | \$5.00 | | |
| Name Street Address (P.O. Box Number is Not Acceptable) | 77057 | USA ASU | | • | | | Fee Require | | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | area Again | Name | 7. 140110 11.1 | 5 Addition of New IV | agistered Agent | _ | |
| B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature | 1200 SOUTH PINE ISLAND ROAD | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| THE Obligations of registered agent. SIGNATURE Gratuate, lipsed or purised rame of registered apent and oble if appointance (NOTE) Registered Apent signature required when remotatoring) P. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES 101L MGRM Delete TITLE Delete TITLE Delete Delete Delete TITLE Delete | | | | City | FL Zip Code | | | | |
| NOTE Regulator Agent signature inequated when remission() DATE | | | | | | | | | |
| 9. | SIGNATURE Signature, typed or p | winted name of registered agent and title if | applicable. (NOTE: F | Registered Agent signat | are required when reinstating) | | DATE | | |
| TITLE MARK BELLBOY, INC. SIREET ADDRESS 45 W. PROSPECT AVE. CILEVELAND, OH 44115 TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME NAME SIREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME NAME NAME | Filing Fee is \$50.00 Due by May 1, 2007 | | | | | Make | e check payable to | | |
| NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM | | | | | | Programme 1 | | 0 | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM | 9. | | | | | Programme 1 | CHANGES | , , , | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME | 9. TITLE MGRM NAME BELLBOY, If STREET ADDRESS 45 W. PROS | MANAGING MEMBERS/MANC. SPECT AVE. | | TITLE NAME STREET ADDRESS | - | Programme 1 | CHANGES | , , , | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME | 9. ITILE MGRM NAME BELLBOY, II STREET ADDRESS CITY-ST-ZIP CLEVELAND TITLE NAME STREET ADDRESS | MANAGING MEMBERS/MANC. SPECT AVE. | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ** | Programme Fig. | CHANGES Change | Addition | |
| NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME | 9. ITILE MGRM NAME BELLBOY, II STREET ADDRESS CITY-ST-ZIP CLEVELAND TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | MANAGING MEMBERS/MANC. SPECT AVE. | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | Programme Fig. | CHANGES Change | Addition | |
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| CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information | 9. ITILE MGRM NAME BELLBOY, II STREET ADDRESS CITY-ST-ZIP CLEVELAND TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MANAGING MEMBERS/MANC. SPECT AVE. D, OH 44115 | Delete Delete Delete Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | Programme Fig. | CHANGES Change Change Change | Addition Addition Addition Addition | |

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.

MELBOUNE IF VERSING 44C

SIGNATURE: BY VERY BANDO OF THE PROPERTY AND THE STATE OF AMERICAN CONTROL OF THE PROPERTY AND THE STATE OF AMERICAN CONTROL OF THE PROPERTY AND THE STATE OF AMERICAN CONTROL OF THE PROPERTY AND THE STATE OF AMERICAN CONTROL OF THE PROPERTY AND THE STATE OF AMERICAN CONTROL OF THE PROPERTY AND THE STATE OF AMERICAN CONTROL OF THE PROPERTY AND THE PROPERTY