## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED May 05, 2002 8:00 am Secretary of State

DOCUMENT # M0100002732  1. Entity Name				Secretary of State 05-05-2002 90214 001 ***200.00	
MELBOURNE Q LEASING	LLC				
DO NOT WE	RITE IN THI	S SPAC	E		•
2. Principal Place of Business	3. Mailing Addr	3. Mailing Address			
45 W. Prospect Avenue Suite, Apt. #, etc. #1500 Guildhall Buildir		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State	City & State		4. FEI Number	Applied For
Cleveland, Ohio Zip Country	Zip	<u> </u>		52-2356811	Not Applicable
Zip 44115 Country USA	A Zip	Country			5.00 Additional e Required
				7. Name and Address of Current Registered A	gent
DO NOT WRITE			Name CT Corporation System		
			Street Address (P.O. Box Number is Not Acceptable)		
in this	SPACE		·	1200 South Pine Island	Road
			City	Plantation FL	Zip Code 33324
8. The above named entity submits this state:	tement for the purpose of ch	anging its registere	d office or regi	stered agent, or both, in the State of Florida.	
SIGNATURE				DATE	
		FEE IS	\$50.00	,	

**DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. TITLE Member NAME BellBoy, Inc. STREET ADDRESS 45 W. Prospect Ave., #1500 Guildhall STREET ADDRESS CITY-ST-ZIP Cleveland, OH 44115 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Make Check Payable to Department of State

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 inspreceive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

THE AND THE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/05/02 Date (216) 430-1200

Daytime Phone

CR2E083B (12/01)