2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Feb 03, 2004 08:00 AM Secretary of State DOCUMENT # M02000001644 1. Entity Name JACKSON SQUARE LLC Principal Place of Business Mailing Address 6190 COCHRAN ROAD SUITE A. 6190 COCHRAN ROAD SUITE A **SOLON OH 44139 SOLON OH 44139** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt #, etc. CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 30-0097833 Not Applicable Zip Country \$5.00 Additional Country Z≀o 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PESSES, MARVIN Street Address (P.O. Box Number is Not Acceptable) 6430 VIÁ ROSA **BOCA RATON FL 33433** City Zip Code FL 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 (NOTE Registeroa Agent signature required when reinstating) Signature, typod or printed name of registered agent and title it approcable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Change ■ Addition TITLE TITLE MGRM ☐ Delete CARNEGIE COMPANIES LLC NAME NAME 1/00000026718 STREET ADDRESS 6190 COCHRAN ROAD SUITE A STREET ADDRESS 02/03/04-80018-012 50.00 CITY-ST-ZIP CATY-ST-ZIP SOLON OH 44139 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CSY-ST-DR CITY - ST- ZIP Delete THE ☐ Change Addition EITE 31.63.54F NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE MAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP रशाह ☐ Change ☐ Addition TETLE ☐ Delete NAME MEAST STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Addition ☐ Defete TETLE Change 11712 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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 strait 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 his report as required by Chapter 608, Florida Statutes.

**FILED** 

Munayin Mules 1-30-04 440-914-9010
RAUTHORIZED REPRESENTATIVE