2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# M03000003568

Entity Name: NETEAM AVI, LLC

Current Principal Place of Business:

5055 CORBIN DR
STE B
BEDFORD HEIGHTS, OH 44128

New Principal Place of Business:

Current Mailing Address:

791 WYE RD
AKRON, OH 44333

New Mailing Address:

FEI Number: 52-2405579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	DVPS ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MEYERSON, ADAM	Name:	
Address:	791 WYE RD.	Address:	
City-St-Zip:	AKRON, OH 44333	City-St-Zip:	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MEYERSON, ROBERT F	Name:	
Address:	791 WYE RD.	Address:	
City-St-Zip:	AKRON, OH 44333	City-St-Zip:	
Title:	CEOP ( ) Delete	Title:	( ) Change ( ) Addition
Name:	FORTNEY, DOUGLAS	Name:	
Address:	791 WYE RD	Address:	
City-St-Zip:	AKRON, OH 44333	City-St-Zip:	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	FORLANI, MICHAEL	Name:	
Address:	791 WYE RD	Address:	
City-St-Zip:	AKRON, OH 44333	City-St-Zip:	
Title:	AS ( ) Delete	Title:	( ) Change ( ) Addition
Name:	CULOTTA, ELINOR M	Name:	
Address:	791 WYE RD	Address:	
City-St-Zip:	AKRON, OH 44333	City-St-Zip:	
Title:	T ( ) Delete	Title:	( ) Change ( ) Addition
Name:	NAGY, ALDONA	Name:	
Address:	791 WYE RD	Address:	
City-St-Zip:	AKRON, OH 44333	City-St-Zip:	

ADDITIONS/CHANGES: (right column above)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELINOR CULOTTA AS 04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date