


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90096 046 \*\*\*138.75

<b>DOCUMENT # M04000004539</b>	
1. Entity Name <b>YSI MANAGEMENT LLC</b>	

Principal Place of Business <b>6745 ENGLE ROAD STE.300 CLEVELAND, OH 44130</b>	Mailing Address <b>6745 ENGLE ROAD STE.300 CLEVELAND, OH 44130</b>
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2. Principal Place of Business - No P.O. Box # <b>50 Public Square</b>	3. Mailing Address <b>50 Public Square</b>
Suite, Apt. #, etc. <b>Suite 2800</b>	Suite, Apt. #, etc. <b>Suite 2800</b>
City & State <b>Cleveland, OH</b>	City & State <b>Cleveland, OH</b>
Zip <b>44113</b>	Country

**60026655**



04072008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>51-0531708</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code


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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARR, CHRISTOPHER P</b>		NAME <b>MARR, CHRISTOPHER P</b>	
STREET ADDRESS <b>6745 ENGLE RD STE 300</b>		STREET ADDRESS <b>50 Public Square, Suite 2800</b>	
CITY-ST-ZIP <b>CLEVELAND, OH 44130</b>		CITY-ST-ZIP <b>Cleveland, OH 44113</b>	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>MGR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JERNIGAN, DEAN</b>		NAME <b>JERNIGAN, DEAN</b>	
STREET ADDRESS <b>6745 ENGLE RD STE 300</b>		STREET ADDRESS <b>50 Public Square, Suite 2800</b>	
CITY-ST-ZIP <b>CLEVELAND, OH 44130</b>		CITY-ST-ZIP <b>Cleveland, OH 44113</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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 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.

<b>SIGNATURE:</b> 	<b>4/17/08</b>	<b>216-274-1340</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #

**Kathleen A. Welpand**