## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: 500-SMC, LLC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING AND

## FILED Jan 24, 2006 8:00 am Secretary of State

DOCUMENT # M0500001909  1. Entity Name LS MIAMI-DADE COUNTY, LLC				01-24-2006	90041 01	8 ****50	0.00
of Business Mailing Address STREET, SUITE 1100 159 S. MAIN STREET, SUITE 1100 4308 AKRON, OH 44308		1 18 <b>6</b> (8 <b>3</b> )) 1	() 25(6) 5(1) 75(1) 98(4) 88	(11 <b>02</b> 111 <b>32</b> (2) <b>24</b>		<b>88)</b> 111 ( <b>88</b> )	
incipal Place of Business  3. Mailing Address  9 S. Main Street  159 S. Main Street							
Suite, Apt. #, etc.			01162006	Cha-LLC	- CR2E08	3 (11/05)	
City & State			4. FEI Numb				plied For
Akron, Ohio			20-261	10492			t Applicable
44308	USA				F	ee Require	
6. Name and Address of Current Registered Agent  Name			7. Name an	d Address of New I	Registered A	gent	
ID FLORIDA SERVICE, LLC S. LAURA STREET, SUITE 2110 CKSONVILLE, FL 32202 Street Address			P.O. Box Numb	per is Not Acceptabl	le)		
City						Zip Code	9
			ed agent, or be	oth, in the State of Fl		<u> </u>	
the obligations of registered agent.							
gent and title if applicable. (NOT	TE: Registered Agent	signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State				
	10.	<u> </u>		ADDITIONS		Charac	
	NAME \$TREET ADOR					□ Change	☐ Addition
☐ Delete						Change	Addition :
☐ Delete	TITLE NAME STREET ADDR	RESS				☐ Change	Addition Addition
☐ Delete	TITLE NAME STREET ADOR	RESS				☐ Change	☐ Addition
☐ Delete						☐ Change	Addition
NAM Stree						☐ Change	☐ Addition
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.  Joseph R. Weber, VP of							
	Mailing Address 159 S. MAIN STREET, AKRON, OH 44308  3. Mailing Address 159 S. Main St Suite 600 City & State Akron, Ohio Zip 44308  Int Registered Agent  Alternative of changing its Address Delete  Delete  Delete  Delete	Mailing Address 159 S. MAIN STREET, SUITE 1100 AKRON, OH 44308  3. Mailing Address 159 S. Main Street Suite Apt. #, etc. Suite 600 City & State Akron, Ohio Zip Country 44308  Site  Akron, Ohio Zip Country 44308  Site  Cit  Cit  Cit  Cit  Delete  IIILE NAME STREET ADD CITY- ST- Zif  Delete IIILE NAME STREET ADD CITY- ST- Z	Mailing Address  159 S. MAIN STREET, SUITE 1100  AKRON, OH 44308  3. Mailing Address 159 S. Main Street  Suite, Apt. #, etc. Suite 600  City & State  Akron, Unito  Zip  44308  City  Akron, Unito  Zip  City  44308  City  Akron, Unito  Zip  City  Algorithm Registered Agent  Name  Street Address (i)  City  Address (i)  City  Algorithm Registered Agent signature required  Intel  Name  Street Address (i)  City  Delete  Intel  Name  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CITY-ST-ZIP  Delete  Name  STREET ADDRESS  CITY-ST-ZIP  Delete  STREET ADDRESS  CI	Mailing Address 159 S. MAIN STREET, SUITE 1100 AKRON, OH 44308  3. Mailing Address 159 S. Main Street Suite 600 City & State Akron, Ohio Zip 44308 Country 44308 City At Country 44308 City At Country At Got the purpose of changing its registered diffice or registered agent, or be considered agent.  In City City City City City City City City	Mailing Address 159 S. MAIN STREET, SUITE 1100 AKRON, OH 44308  3. Mailing Address 159 S. Main Street Suite Apt. #, etc. Suite 600 City & State Akron, Ohio Zip 44308 CCountry 44308 CISPA S. Certificate of Status Desired Name Street Address (P.O. Box Number is Not Acceptable City City  It for the purpose of changing its registered office or registered agent, or both, in the State of F  City  It for the purpose of changing its registered office or registered agent, or both, in the State of F  City  It for the purpose of changing its registered office or registered agent, or both, in the State of F  City  It for the purpose of changing its registered office or registered agent, or both, in the State of F  City  It for the purpose of changing its registered office or registered agent, or both, in the State of F  City  It for the purpose of changing its registered office or registered agent, or both, in the State of F  City  It for the purpose of changing its registered office or registered agent, or both, in the State of F  City  It for the purpose of changing its registered office or registered agent, or both, in the State of F  City  It for the purpose of changing its registered office or registered agent, or both, in the State of F  City  It for the purpose of changing its registered office or registered agent, or both, in the State of F  It for the purpose of changing its registered office or registered agent, or both, in the State of F  It for the purpose of changing its registered office or registered agent, or both, in the State of F  It for the purpose of changing its registered office or registered agent, or both, in the State of F  It for the purpose of changing its registered office or registered agent, or both, in the State of F  It for the purpose of changing its registered office or registered agent, or both, in the State of F  It for the purpose of changing its registered office or registered agent, or both, in the State of F  It for the purpose of changing its registered office or registered agent,	Malling Address 159 S. MaIN STREET, SUITE 1100 AKRON, OH 44308  3. Mailing Address 159 S. Main Street  Suite, Apt. 4, atc. Suite 600  Cry & State Akron, Ohio  Cry & State Akron, Ohio  Country 2p 44308  Country 44308  T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City  FL  It for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am to Make check pa Florida Departme  To the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am to Make check pa Florida Departme  To the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am to Make check pa Florida Departme  To the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am to Make check pa Florida Departme  To the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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I am familiar with,  DAIE  Make check payable to Florida Department of State  Make check payable to Florida Department of State  ITILE NAME SIREET ADDRESS CITY-ST-2P  Delate  TILE NAME SIREET ADDRESS CITY-ST-2P  TILE NAME SIREET ADDRESS CITY