2008 LIMITED LIABILITY COMPANY

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| ANNUAL REPORT | | | | Feb 25, 2008 08:0 | |
|--|---|---------------------------------------|--|--|---|
| 1. Entity Nam | MENT # M050000019 | 910 | | | Secretary of St |
| Principal Place of Business 159 S. MAIN STREET SUITE 600 AKRON, OH 44308 Mailing Address 159 S. MAIN STREET SUITE 600 AKRON, OH 44308 AKRON, OH 44308 | | 159 S. MAIN STREET Suite 600 | | | |
| | O NOT WRITE | IN THIS COA | CE | 02042008 No Chg-LLC | CR2E083 (12/07) |
| . ' . | O NOT WRITE | IN THIS SPA | UE AND | 4. FEI Number 20-2610624 | Applied For Not Applicable |
| di dagantiga | and the second of the second | | | 5. Certificate of Status Desired | \$5.00 Additional Fee Required |
| | 6. Name and Address of Current Re | gistered Agent | | A House B State B | Part of the state |
| BMD FLORIDA SERVICE, LLC 76 S. LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202 | | | en i de de la companya de la company | DO NOT W | |
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| the obligati | named entity submits this statement for the ions of registered agent. | ne purpose of changing its register | ed office or register | ed agent, or both, in the State of Flor | ida. I am familiar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and | title if applicable. {NOTE: Registere | d Agent signature required | when reinstating) | DATE |
| FILE After May | NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75 | | | U0000 03/05/08 | 0838931 -80049-017 138.75 |
| 9. | MANAGING MEMBERS | /MANAGERS | "美国、第二 | | 18.19.19.19.19.19.19.19.19.19.19.19.19.19. |
| TITLE | MGR | | | plant in the second limit in | |
| NAME STREET ADDRESS | 500-SMC, LLC 159 S. MAIN STREET, SUITE 500 | | | | |
| CITY-ST-ZIP | AKRON, OH 44308 | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | | | | |
| NAME STREET ADDRESS | | | | DO NOT W | DITE |
| CITY-\$1-2IP | | <u> </u> | | | TATO IN CONTRACTOR |
| NAME STREET ADDRESS CITY-ST-ZIP | | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | DO NOT W IN THIS SP | ACE |
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| TITLE NAME | | | | the state of the s | |

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.

Let S. Walke Asst. Secr. of 500 - SMC, Lic, Manager 2-6-06 330-253-5060

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$T-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE