



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-24-2006 90041 023 \*\*\*\*50.00

<b>DOCUMENT # M05000001912</b> 1. Entity Name <b>LS HILLSBOROUGH COUNTY, LLC</b>					
Principal Place of Business <b>159 S. MAIN STREET, SUITE 1100 AKRON, OH 44308</b>			Mailing Address <b>159 S. MAIN STREET, SUITE 1100 AKRON, OH 44308</b>		
2. Principal Place of Business <b>159 S. Main Street</b>		3. Mailing Address <b>159 S. Main Street</b>		  01162006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc. <b>Suite 600</b>		Suite, Apt. #, etc. <b>Suite 600</b>			
City & State <b>Akron, Ohio</b>		City & State <b>Akron, Ohio</b>			
Zip <b>44308</b>		Zip <b>44308</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>20-2610683</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>BMD FLORIDA SERVICE, LLC 76 S. LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202</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>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR 500-SMC, LLC 159 S. MAIN STREET, SUITE 500 AKRON, OH 44308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <b>Joseph R. Weber,</b> VP of 500-SMC, LLC					
Date <b>1/16/06</b> Daytime Phone #					