2006 LIMITED LIABILITY COMPANY

May 04, 2006 8:00 am Secretary of State ANNUAL REPORT 05-04-2006 90033 022 ****50.00 **DOCUMENT # M05000002606** 4965 CENTRAL AVENUE PARTNERS, LLC UUUUUIIV Principal Place of Business Mailing Address 159 S. MAIN STREET 159 S. MAIN STREET AKRON, OH 44308 AKRON, OH 44308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2781952 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BMD FLORIDA SERVICE, LLC 76 SOUTH LAURA STREET, SUITE 2110 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32202 City 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 Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Member TITLE ☐ Delete TITLE Manager Addition ☐ Change 500-SMC, LIC 1595 Main Street, Suite 500 WHITE HAT REALTY, LLC NAME NAME 159 S. MAIN STREET STREET ADORESS STREET ADORESS AKRON, OH 44308 CITY-ST-ZIP CITY-ST-ZIP Akron, OH 44308 ☐ Delete TITLE TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

FILED



BRENNAN, MANNA & DIAMOND, LLC

ATTORNEYS & COUNSELORS AT LAW

ATTACHMENT 60036779

Anna-Karina Dragolich Phone: 330-253-5060

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April 27, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: 4965 Central Avenue Partners, LLC

Dear Sir or Madam:

Enclosed herewith please find the 2006 Annual Report for the above-referenced entity, along with a check in the amount of \$50.00 for the filing fee. Please file the same and return any receipts and/or certificates to me.

Thank you for your time and attention to this matter. Please contact me at (330) 253-5060, Ext. 151, if you should have any questions.

Very truly yours,

A-16 Wafolich
Anna-Karina Dragolich

Paralegal