

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003887	
1. Entity Name KANNER ROAD, LLC	
Principal Place of Business 4853 GALAXY PARKWAY, SUITE I CLEVELAND, OH 44128	Mailing Address 4853 GALAXY PARKWAY, SUITE I CLEVELAND, OH 44128



FILED
Jul 28, 2008 08:00 AM
Secretary of State



07142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3078032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAMS, GREG 4853 GALAXY PARKWAY, SUITE I CLEVELAND, OH 44128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAMS, IAN 4853 GALAXY PARKWAY, SUITE I CLEVELAND, OH 44128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAMS, SHAW 4853 GALAXY PARKWAY, SUITE I CLEVELAND, OH 44128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000956451
07/28/08-80004-009-500.00

DO NOT WRITE IN THIS SPACE

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:

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

7/23/08

Date

216-212-2720

Daytime Phone #