



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-24-2006 90041 021 \*\*\*\*50.00

<b>DOCUMENT # M05000004065</b>					
<b>1. Entity Name</b> LS PALM BEACH GLADES, LLC					
<b>Principal Place of Business</b> 159 S. MAIN STREET, SUITE 110 AKRON, OH 44308			<b>Mailing Address</b> 159 S. MAIN STREET, SUITE 110 AKRON, OH 44308		
<b>2. Principal Place of Business</b> 159 S. Main Street		<b>3. Mailing Address</b> 159 S. Main Street		  01162006    Chg-LLC    CR2E083 (11/05)	
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc. Suite 600			
City & State Akron, Ohio		City & State Akron, Ohio			
Zip 44308	Country USA	Zip 44308	Country USA		
<b>4. FEI Number</b> 20-3081627				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>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</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>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.</b>			_____ Date: 1/16/06		
<b>SIGNATURE:</b> Joseph R. Weber, VP of 500-SMC, LLC			_____ Daytime Phone # _____		