2008 LIMITED LIABILITY COMPANY

FILED 00 AN tate

ANNUAL REPORT				Feb 25, 2008 08:0		
DOCU 1. Entity Nam LS LEAP		0305			Secretary of St	
Principal Plac	ce of Business	Mailing Address				
159 S. MAIN STREET, SUITE 600 159 S. MAIN STREET, AKRON, OH 44308 AKRON, OH 44308		159 S. MAIN STREET, SUIT AKRON, OH 44308	E 600			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	02042008 No Chg-LLC	CR2E083 (12/07)	
	OO NOT WRITE	: IN THIS SP	ACE	4. FEI Number	Applied For	
		t general general has been		20-4077926 5. Certificate of Status Desired	Not Applicable \$5.00 Additional	
	6. Name and Address of Current	Registered Agent		THE COLUMN TO TH	Fee Required	
PMD ELO			4. 3			
BMD FLORIDA SERVICE, LLC 76 S. LAURA STREET, SUITE 2110				DO NOT W	/RITE	
JACKSON	IVILLE, FL 32202			IN THIS S	PACE	
			No. of the second		se proportion and the second s	
	named entity submits this statement for	or the purpose of changing its regi	stered office or register	ed agent, or both, in the State of F	lorida. I am familiar with, and accept	
•	• •					
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg.	stered Agent eignature required	when reinsta(ing)	DATE	
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.79	5				
9.	MANAGING MEMBI	RS/MANAGERS	at for the		4	
TITLE NAME	MGR 500-SMC, LLC					
STREET ADDRESS CITY-ST-ZIP	159 S. MAIN STREET, SUITE 50 AKRON, OH 44308)0			The state of the s	
TITLE	7.14.014, 011 44000			and the state of t	or to see the second	
NAME STREET ADDRESS						
CITY-ST-ZIP						
TITLE NAME						
STREET ADDRESS			14 · · · · · ·	DO NOT V	VÉITE	
TITLE						
NAME	·			IN THIS S	PACE	
STREET ADDRESS CITY-ST-ZIP			Company of the Company			
TITLE				And the second	The second of th	
NAME STREET ADDRESS						
CITY-SI-ZIP						
TITLE NAME			Long to gentle of the fit		The Committee of the Co	

11. I hereby certify that the information supplied with this filling 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. Walko, Asst. Secr. 07

STREET ADDRESS CITY-ST-ZIP

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

500-SMC, Lie, Manager

2-6-08