2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # M0700004080 1. Entity Name LS POLK EAST, LLC						8 90336 048 ***1		
Principal Plac	e of Business	Mailing Address			. 01	1013920		
Principal Place of Business 159 S. MAIN STREET, SUITE 600 AKRON, OH 44308		159 S. MAIN STREET, SUITE 600 AKRON, OH 44308						
						[6] 6] 6] 6]	61 41 61 61 61	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02042008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		<u>-</u>	4. FEI Numbe 26-043			pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R		
PMD ELO	DIDA SERVICE LLC		Name	•				
BMD FLORIDA SERVICE, LLC 76 S. LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202		Street A		t Address (ess (P.O. Box Number is Not Acceptable)			
		•						
			City				FL Zip Coo	le .
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its r	egistered office	or register	red agent, or bot	h, in the State of Flo		and accept
SIGNATURE .								
SIGNATORE.	Signature, typed or printed name of registered agent is							
		and title if applicable. (NOTE:	Registered Agent sig	inature required	d when reinstating)		DATE	
	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75		Registered Agent sig	inatura require	d when reinstating)	* *	e check payable to a Department of Stat	le
	NOW!!! FEE IS \$138.75		Registered Agent sig			ADDITIONS	e check payable to a Department of State	te
After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75 MANAGING MEMBE					ADDITIONS	e check payable to a Department of State	Le Addition
9. TITLE NAME	MANAGING MEMBE MGR 500-SMC, LLC	RS/MANAGERS	10. TITLE NAME			ADDITIONS	e check payable to a Department of State	
9.	MANAGING MEMBE MGR 500-SMC, LLC 159 S. MAIN STREET, SUITE 60	RS/MANAGERS	10.			ADDITIONS	e check payable to a Department of State	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAGING MEMBE MGR 500-SMC, LLC	RS/MANAGERS Delete	10. TITLE NAME STREET ADDRES CITY-ST-ZIP			Florida	e check payable to a Department of State /CHANGES Change Suit 500	Addition
9. IITLE NAME STREET ADDRESS	MANAGING MEMBE MGR 500-SMC, LLC 159 S. MAIN STREET, SUITE 60	RS/MANAGERS	10. TITLE NAME STREET ADDRES			ADDITIONS	e check payable to a Department of State	
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11. Thereby 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 trusfee empowered to execute this report as required by Chapter 608, Florida Statutes.

Let S. Walko Asst. Secr. of Sugnature and typed or Printed Name of Signing Managing Member, MANAGER, or Authorized Representative

SIGNATURE:

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

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