

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000004081

Entity Name: LS ORANGE COUNTY, LLC

**FILED**  
**Mar 04, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

159 S. MAIN STREET, SUITE 600  
AKRON, OH 44308

**New Principal Place of Business:**

**Current Mailing Address:**

159 S. MAIN STREET, SUITE 600  
AKRON, OH 44308

**New Mailing Address:**

FEI Number: 26-0436998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BMD FLORIDA SERVICE, LLC  
76 S. LAURA STREET, SUITE 2110  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

BMD FLORIDA SERVICE, LLC  
800 WEST MONROE STREET  
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: LEE S. WALKO

03/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: 500-SMC, LLC,  
Address: 159 S MAIN ST STE 500  
City-St-Zip: AKRON, OH 44308

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH R. WEBER

VP

03/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date