FILE NOW: Fee after May 1, will be \$588.75

INHSE 10 R(12-96)

FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 97 FEB 17 AM 8: 23 1997 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Mailing Address of Limited Liability Company **DOCUMENT #**M9500000056 1a. Principal Place of Business Address J.M.T. DEVELOPMENT, LTD., L.C. 4332 TALLMADGE ROAD 4332 TALLMADGE ROAD ROOTSTOWN OH 44272 ROOTSTOWN OH 44272 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3a. State of Formation 03/06/1995 ΦН Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State B4-1777329 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 56.75 Additional Fee Required D3/28/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name STEWART, JAMES 70 OAK CT. Street Address (P.O. Box Number Is Not Acceptable) EUSTIS FL 32726 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers MOSER, TERRANCE L 898 SANFORD ROAD ROOTSTOWN OH MGRM MOORE, GERALD E 1090 GARDNER BLVD. HORTON OH --238 JESSIE TALLMADGE OH 30b00**50**92323--02/19/97--01085--015 ****203.75 ****203.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: M SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER ON MANAGER

Daytime Phone #