


**File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 30 PM 2:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>BOYKIN MANAGEMENT COMPANY LIMITED LIABILITY COMPANY</b> 50 PUBLIC SQUARE, STE. 1500 CLEVELAND OH 44113		<b>DOCUMENT # M96000000289</b>		1a. Principal Place of Business Address <del>50 PUBLIC SQUARE, STE. 1500                  CLEVELAND OH 44113</del> <i>JK/1</i>	
2. Principal Place of Business Guildhall Bldg., #1500 Suite, Apt. #, etc. 45 W, Prospect Ave. City & State Cleveland, Ohio Zip 44115		2a. Mailing Address Guildhall Bldg., #1500 Suite, Apt. #, etc. 45 W, Prospect Ave. City & State Cleveland, Ohio Zip 44115		3. Date Organized or Qualified 08/05/1996 3. State of Formation OH 4. FEI Number 34-1836174 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country U.S.A.		Country U.S.A.		5. Date of Last Report 02/04/1997 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
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. I hereby accept the appointment as registered agent, and accept the obligations.			SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)</small>		
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGRM	THE BOYKIN GROUP, INC.	50 PUBLIC SQUARE, STE. 1500	CLEVELAND OH		
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: <i>Sandra B. Mortham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					