

07/24/1997 15:38

9842221222

CAPITAL CONNECTION

PAGE 1/02

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

FILED

97 JUL 25 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra M. Northing Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # <i>MA600000033</i> Wexford Place Development Co., Ltd. L.C. 140-Signal-Hill-Court Chagrin-Falls, Ohio--44023		1a. Principal Place of Business Address 140-Signal-Hill-Court Chagrin-Falls, Ohio-44023	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 8145 Wisteria Drive Suite, Apt. #, etc.		2a. Mailing Address 8145 Wisteria Drive Suite, Apt. #, etc.	
City & State Chagrin Falls, OH		City & State Chagrin Falls, OH	
Zip 44023	Country U.S.A.	Zip 44023	Country U.S.A.
3. Date Organized or Qualified 2/5/96		3a. State of Formation Ohio	
4. FEI Number 34-1823781		☐ Applied For ☐ Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired ☐	
7. Name and Address of Current Registered Agent Jane Yeager Cheffy 2375 Tamiami Trail North Naples, Florida 34103		8. Name and Address of New Registered Agent 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 608.608, 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	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	Richard J. Manfredi	8145 Wisteria Drive 140--Signal-Hill-Court	Chagrin Falls, OH 44023
MGRM	Amy L. McGarry	140-Signal-Hill-Court 8145 Wisteria Drive	Chagrin Falls, OH 44023
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (b), 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>A. L. McGarry</i>		216-543-1401 MGRM 7/24/97 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF BANKING MANAGER, MEMBER OR MANAGER			

Amy L. McGarry

Attorney at Law

page 2
P.O. Box 633
Wadsworth, Ohio 44282

Voice / Fax: 330-335-3811

July 24, 1997

Florida Department of State
Secretary of State
Division of Corporations
Attn: Annual Reports
P.O. Box 6327
Tallahassee, FL 32304

RE: *Wexford Place Development Co., Ltd., L.C.*

Dear Sir/Madam:

Please be advised that ~~Wexford Place Development Co., Ltd., L.C.~~ did not receive the Annual Report Form from the State of Florida. Capital Connection is filing the Annual Report as soon as possible. Please waive the penalty for filing late.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

A. L. McGarry
Amy L. McGarry

Enclosures

*ms. McGarry,
Said she spoke
with the state and
was told the
203.75 was ok.
Thanks*