File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.										
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR - 1 AM 8: 28			
FILING \$ 188	FEE Ann	ual Report \$100.0	0 + \$88.75	Corporation	poration Supplemental Fee DEPARTMENT OF STATE			Ark - I	AM 6:	28
1. Name and Malling Address of Limited Liability Company DOCUMENT # M98000001191										
1	8405 PU	TECHNOLOGY LSAR PLACE S OH 42340	CE LLC			18. Principal Place of Business Address 8405 PULSAR PLACE COLUMBUS OH 42340				
2 Principal Place of Business 2a. Maili				ng Address			3. Date Organiz	ed or Qualified	3a. State	of Formation
Suite, Apt. #, etc.				Suite, Apl. #, etc.			10/16/1998 DE			γ
City & State City			City & St	8 State			Applied For			
							31-1617991 5. Date of Last Report		6. Certific	Not Applicable ate of Status Desired
Z ₁ p Country		Zip	Zip Cour		лу			S8 75 Addi	tional Fee Required	
	7. Name	and Address of Curre	nt Registered	Agent		8. Name	Name and Addres	s of New Regist	tered Agen	t/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Suite, Apt. #, etc.						
					City			FL	Zip Code	1141
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.										
SIGNATU	JRE	(Registered Agent Accepte	ng Appointment) (I	required when reinstating	DATE					
10. Trile	Mar	naging Members/Manag	ers		Busine	ss Street Address		City,	State and 2	Zip Code
MGR MGRM	M]			8405 PULSAR PLACE			COLUME			
MGR	SHUZZI	8405 PULSAR PLACE				- COLUMB	US-U	 ;		
•	-						500	002'8 -04/12/9 ****188	368 9011 .75 *	25 1 31-019 ***188.75
11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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 timited 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: SIGNATURE AND TYPED OF HERITED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Desymptop Phone 4										