


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000004228 1. Entity Name MACINTOSH LAND INVESTMENT CORPORATION	
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Principal Place of Business 7100 EAST PLEASANT VALLEY ROAD SUITE 300 INDEPENDENCE, OH 44131	Mailing Address 7100 EAST PLEASANT VALLEY ROAD SUITE 300 INDEPENDENCE, OH 44131
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 34-1683912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00


9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000189835
01/24/05-80108-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAREMBA, TIMOTHY 7100 EAST PLEASANT VALLEY ROAD, SUITE 300 INDEPENDENCE, OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZAREMBA, NATHAN 7100 EAST PLEASANT VALLEY ROAD, SUITE 300 INDEPENDENCE, OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KASMARCAK, JOHN 7100 EAST PLEASANT VALLEY ROAD, SUITE 300 INDEPENDENCE, OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAREMBA, WALTER 7100 EAST PLEASANT VALLEY ROAD, SUITE 300 INDEPENDENCE, OH 44131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/17/05 216-643-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #