

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000004228**

1. Entity Name  
**MACINTOSH LAND INVESTMENT CORPORATION**



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**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331**

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

**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	

UD0000411186  
 02/09/06-80066-017 150.00

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/25/06* *216-643-9000*  
 Date City/area Phone #