


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 MAY 11 PM 3:48

DOCUMENT # P00000104509 1. Entity Name FC HAWKS HAVEN, INC.	
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Principal Place of Business TERMINAL TOWER, 50 PUBLIC SQUARE SUITE 1160 CLEVELAND, OH 44113	Mailing Address TERMINAL TOWER, 50 PUBLIC SQUARE SUITE 1160 CLEVELAND, OH 44113
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05042004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1745877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 C/O C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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)

400037064844
05/25/04--01007--DATA **150.00

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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	PDT MILLER, SAMUEL H 1160 TERMINAL TOWER 50 PUBLIC SQUARE CLEVELAND, OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONCHEIN, ROBERT F 1160 TERMINAL TOWER 50 PUBLIC SQUARE CLEVELAND, OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, THOMAS G 1160 TERMINAL TOWER 50 PUBLIC SQUARE CLEVELAND, OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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)(i), 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: _____ Date: 5/6/04 Daytime Phone #: 216-621-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas G. Smith, Secretary