## **2007 LIMITED LIABILITY COMPANY**

## Apr 23, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-23-2007 90356 037 \*\*\*\*50.00 **DOCUMENT # L05000029971** JRP CONDO, LLC 40074814 Principal Place of Business Mailing Address 2510 BLOSSOM LANE 2510 BLOSSOM LANE BEACHWOOD, OH 44122 US BEACHWOOD, OH 44122 US 01212007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAM J SEGAL PA DO NOT WRITE 20801 BISCAYNE BOULEVARD IN THIS SPACE AVENTURA, FL 33180 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. 3. 6.5 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 9. 9. , MANAGING MEMBERS/MANAGERS MGR TITLE GEFEN FLORIDA, LLC NAME STREET ADDRESS 2510 BLOSSOM LANE BEACHWOOD, OH 44122 CITY-ST-ZIP THLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

**FILED** 

11. 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 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.

MAME STREET ADDRESS CITY-ST-ZIP

Polladi SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #