

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90018 024 ****55.00

DOCUMENT # L00000011064**1. Entity Name**
KJR CARROLLWOOD LLC**Principal Place of Business****13121 N. DALE MABRY**
TAMPA FL 33624**Mailing Address****24500 CHAGRIN BLVD., STE 200**
BEACHWOOD OH 44122**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 34-6769095

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$5.00 Additional**
Fee Required**6. Name and Address of Current Registered Agent****RISMAN, ROBERT R**
2730 S. OCEAN BLVD., STE 704
PALM BEACH FL 33480**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**9. MANAGING MEMBERS / MANAGERS****TITLE** **M** ☐ Delete
NAME **RISMAN, WILLIAM B TRUSTEE**
STREET ADDRESS **24500 CHAGRIN BLVD., #200**
CITY-ST-ZIP **BEACHWOOD OH 44122****TITLE** **MGR** ☐ Delete
NAME **RISMAN, KATHY J**
STREET ADDRESS **24500 CHAGRIN BLVD., #200**
CITY-ST-ZIP **BEACHWOOD OH 44122****TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**10. ADDITIONS / CHANGES****TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP**11. 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 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.****William B. Risman, Trustee - Member****SIGNATURE** **February 21, 2002 (216) 464-5130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CFR2E083 (9/01)