2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011064

1. Entity Name
KJR CARROLLWOOD LLC



FILED Apr 05, 2004 08:00 AM Secretary of State

Principal Place of Business

13121 N. DALE MABRY TAMPA, FL 33624 Mailing Address

24500 CHAGRIN BLVD., STE 200 BEACHWOOD, OH 44122



DO NOT WRITE IN THIS SPACE

03102004 No Chg-LLC

CR2E083 (10/03)

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

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signatura, typed or proted name of registered agent and tille if applicable	(NOTE Registered	Agent signature required when reinstating) DATE
	iling Fee is \$50.00 ue by May 1, 2004		UQ0000103463
9.	MANAGING MEMBERS/MANAGERS		04/05/ 04-8 8658-810 258.00
TITLE NAME STREET AODRESS CITY-SI-ZIP	MGR RISMAN, KATHY J 24500 CHAGRIN BL⊽D., #200 BEACHWOOD, OH 44122		
TITLE NAME STREET ADDRESS CITY -ST -ZIP	,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		···	DO NOT WRITE
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TITLE			_

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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Kathy J. Risman, Manager

3/23/04

216-464-5130