


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L00000011064<br>1. Entity Name<br>KJR CARROLLWOOD LLC |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br>13121 N. DALE MABRY<br>TAMPA, FL 33624 | Mailing Address<br>24500 CHAGRIN BLVD., STE 200<br>BEACHWOOD, OH 44122 |
|---|--|



01112008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>34-6769095                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>RISMAN, ROBERT R<br>2730 S. OCEAN BLVD., STE 704<br>PALM BEACH, FL 33480 |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

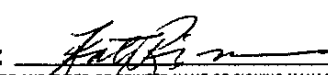
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>RISMAN, KATHY J<br>24500 CHAGRIN BLVD., #200<br>BEACHWOOD, OH 44122 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U000000788913  
01/22/08-80004-015 138.75

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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.

|   |                 |                     |                                |
|---|-----------------|---------------------|--------------------------------|
| SIGNATURE:               | Kathy J. Risman | 1/15/08             | 216-464-5130                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> |                 | <small>Date</small> | <small>Daytime Phone #</small> |