

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

03-13-2002 90018 025 \*\*\*\*55.00

**DOCUMENT # L00000014748**

1. Entity Name

**KJR INTRACOASTAL LLC**

Principal Place of Business

**3501 NE 163RD ST.  
NORTH MIAMI FL 33160**

Mailing Address

**24500 CHAGRIN BLVD., #200  
BEACHWOOD OH 44122**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

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  
2630 S. OCEAN BLVD., SUITE 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	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>RISMAN, WILLIAM B TRUSTEE</b>	
STREET ADDRESS	<b>24500 CHAGRIN BLVD #200</b>	
CITY-ST-ZIP	<b>BEACHWOOD OH 44122</b>	

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>RISMAN, KATHY J</b>	
STREET ADDRESS	<b>24500 CHAGRIN BLVD #200</b>	
CITY-ST-ZIP	<b>BEACHWOOD OH 44122</b>	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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, Member****SIGNATURE:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE****February 21, 2002****(216) 464-5130**

Date

Daytime Phone #

80046111



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)