2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000014748

1. Entity Name KJR INTRACOASTAL LLC



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

Principal Place of Business

3501 NE 163RD ST. NORTH MIAMI, FL 33160 Mailing Address

24500 CHAGRIN BLVD., #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 2630 S. OCEAN BLVD., SUITE 704 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	aging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_ Signature, typed or printed name of registered agent and title it applicable		(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004		U00000103461 U4/U5/U4-8U056-010 250.80	
9.	MANAGING MEMBERS/MANAGERS		
, TITLE NAME STREET ADDRESS CHY-ST-ZP RITLE NAME STREET ADDRESS	MGR RISMAN, KATHY J 24500 CHAGRIN BLVD #200 BEACHWOOD, OH 44122		
CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

myfin

Kathy BJ.Risman, Manager

3/22/04

216-464-5130