

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 01, 2005 08:00 AM
Secretary of State**

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**



01192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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**

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------|
| TITLE | MGR |
| NAME | RISMAN, KATHY J |
| STREET ADDRESS | 24500 CHAGRIN BLVD #200 |
| CITY-ST-ZIP | BEACHWOOD, OH 44122 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

1100000209104
02/02/05-80024-004 250.00

**DO NOT WRITE
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Kathy J. Risman, Manager

1/27/05

216-464-5130

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

Date

Daytime Phone #