

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90266 001 ***165.00

DOCUMENT # L01000021290

1. Entity Name

CHESAPEAKE WBR LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

72307 Cumberland Circle

Suite, Apt. #, etc.

3. Mailing Address

24500 Chagrin Blvd.

Suite, Apt. #, etc.

#200

City & State

Clearwater, Florida

City & State

Beachwood, Ohio

4. FEI Number

300-14-5085

Applied For

Not Applicable

Zip

33763

Country

Pinellas

Zip

44122

Country

Cuyahoga

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

- 16023

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert G. Risan

Street Address (P.O. Box Number is Not Acceptable)

501 116th Avenue North

City

St. Petersburg

FL

Zip Code

33716

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Manager

William B. Risan, Trustee

24500 Chagrin Blvd, #200

Beachwood, Ohio 44122

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

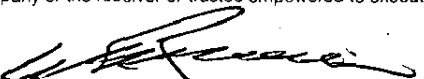
STREET ADDRESS

CITY-ST-ZIP

**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:



William B. Risan, Trustee 2/21/02 (216) 464-5130

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

Date

Daytime Phone #

CR2E083B (12/01)