

**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 # L01000021295

1. Entity Name

CHESAPEAKE RGR LLC

DO NOT WRITE IN THIS SPACE

16025

2. Principal Place of Business

2307 Cumberland Circle

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33763

Country

Pinellas

3. Mailing Address

24500 Chagrin Blvd. #200

Suite, Apt. #, etc.

#200

City & State

Beachwood, Ohio

Zip

44122

Country

Cuyahoga

4. FEI Number

298-62-9849

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00

Additional
Fee Required

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

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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.

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
Robert G. Risan
24500 Chagrin Blvd. #200
Beachwood, Ohio 44122

TITLE
NAME
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CITY-ST-ZIP

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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:

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

Robert G. Risan, Manager

2/21/02

Date

(216) 464-5130

Daytime Phone #

CR2E083B (12/01)