

**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

16025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2307 Cumberland Circle Suite, Apt. #, etc.		3. Mailing Address 24500 Chagrin Blvd. #200 Suite, Apt. #, etc. #200	
City & State Clearwater, Florida		City & State Beachwood, Ohio	
Zip 33763	Country Pinellas	Zip 44122	Country Cuyahoga

DO NOT WRITE IN THIS SPACE

4. FEI Number 298-62-9849	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert G. Risman
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

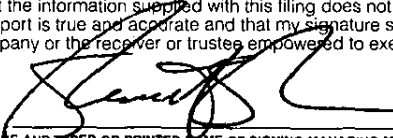
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Robert G. Risman 24500 Chagrin Blvd. #200 Beachwood, Ohio 44122
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CR2E083B (12/01)

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:  **Robert G. Risman, Manager** **2/21/02** **(216) 464-5130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #