


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # L03000018420</b><br>1. Entity Name<br>RRR HOOD LLC |  |
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| Principal Place of Business<br>24500 CHAGRIN BLVD. #340<br>BEACHWOOD, OH 44122 | Mailing Address<br>24500 CHAGRIN BLVD. #340<br>BEACHWOOD, OH 44122 |
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01112008No Chg-LLC CR2E083 (12/07)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>54-2112077 | Applied For<br>Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br>RISMAN, ROBERT R<br>2730 SOUTH OCEAN BLVD #704<br>PALM BEACH, FL 33480 |
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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 reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>RISMAN, ROBERT R<br>24500 CHAGRIN BLVD #200<br>BEACHWOOD, OH 44122 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| <p>000000788914<br/>01/22/08-80004-016 138.75</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 R. Risman** 1/15/08 216-464-5130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #