


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000029530 1. Entity Name KJR SPRINGS PLAZA LLC	
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Principal Place of Business 24500 CHAGRIN BOULEVARD SUITE 200 BEACHWOOD, OH 44122	Mailing Address 24500 CHAGRIN BOULEVARD SUITE 200 BEACHWOOD, OH 44122
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01112008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1008238	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RISMAN, ROBERT R 2730 S. OCEAN BOULEVARD 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 reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KJR SPRINGS PLAZA MANAGER, INC 24500 CHAGRIN BLVD #200 BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RISMAN, KATHY J 24500 CHAGRIN BLVD #200 BEACHWOOD, OH 44122
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01/22/08-80004-014 138.75

**DO NOT WRITE
IN THIS SPACE**

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:  Kathy J. Risman 1/15/08 216-464-5130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #