

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90423 014 \*\*\*\*50.00

**DOCUMENT # L04000029531**

1. Entity Name  
**RRR SPRINGS PLAZA LLC**



Principal Place of Business  
**24500 CHAGRIN BOULEVARD  
SUITE 200  
BEACHWOOD, OH 44122**

Mailing Address  
**24500 CHAGRIN BOULEVARD  
SUITE 200  
BEACHWOOD, OH 44122**

**20010808**



02172006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1008207**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RRR SPRINGS PLAZA MANAGER, INC  
24500 CHAGRIN BLVD #200  
BEACHWOOD, OH 44122**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
RISMAN, ROBERT R  
24500 CHAGRIN BLVD #200  
BEACHWOOD, OH 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  
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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. Risan **Robert R. Risan, Member** 2/20/06 216-464-5130

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

Date

Daytime Phone #