2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 MAY -1 A 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000057251

1. Entity Name
RRR PALMWAY LLC

Principal Place of Business	Mailing Address
411 77TH AVENUE, N. ST. PETERSBURG, FL 33702	24500 CHAGRIN BLVD., #200 BEACHWOOD, OH 44122

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02172008 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1492357 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RISMAN, ROBERT R 15151 EDEN ISLE BLVD NE SAINT PETERSBURG, FL 33704	Name: Robert R. Risman Street Address (P.O. Box Number is Not Acceptable): 411 77th Avenue North, #104 City: St. Petersburg FL Zip Code: 33702

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: Robert R. Risman 2/20/06
(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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RISMAN, ROBERT G 411 77TH AVENUE, N. ST. PETERSBURG, FL 33702 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Robert R. Risman 24500 Chagrin Blvd. #200 Beachwood, Ohio 44122 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 03/08/06-90044-046 - #50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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, Manager 2/20/06 216-464-5130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #