2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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

DOCL	JMENT	- # I	0400	005°	7253
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1. Entity Name RRR GRANDE BAY LLC



Principal Place of Business

411 77TH AVENUE. N. ST. PETERSBURG, FL 33702 Mailing Address

24500 CHAGRIN BLVD. #200 BEACHWOOD, OH 44122



DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1492222 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

RISMAN, ROBERT R 411 77TH AVE NORTH SUITE 104 SAINT PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE Sunature, 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

MGR RISMAN, ROBERT R NAME STREET ADDRESS 24500 CHAGRIN BLVD #200 CITY-ST-ZIP BEACHWOOD, OH 44122 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY+ST-ZIP

MANAGING MEMBERS/MANAGERS

U00000788910 01/22/08-80004-012 138.75

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:

wom

Robert R. Risman

1/15/08

216-464-5130

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Davtime Phone #