

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000057257**

1. Entity Name  
**WBR PALMWAY LLC**



Principal Place of Business  
**411 77TH AVENUE, N.  
ST. PETERSBURG, FL 33702**

Mailing Address  
**24500 CHAGRIN BLVD. #200  
BEACHWOOD, OH 44122**



04162007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RISMAN, ROBERT G  
411 77TH ST NORTH  
# 104  
SAINT PETERSBURG, FL 33702**

**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, 2007**

U000000719141  
05/01/07-80051-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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:** \_\_\_\_\_

Robert G. Risman, Manager

4/17/07 (216) 464-5130