

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0076090

DOCUMENT # M02000001721

1. Entity Name

THE ROE FUND, L.L.C.



FILED

03 MAR 25 PM 1:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

925 EUCLID AVENUE, SUITE 2000
CLEVELAND OH 44115-1496

Mailing Address

348 SOUTH U.S. HIGHWAY #1. #606
JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3/25 ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0423742

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YANOSURAK, WES S
1150 S. US HWY #1, SUITE 101
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KRATUS, EUGENE A
STREET ADDRESS 925 EUCLID AVNEUE, SUITE 2000
CITY-ST-ZIP CLEVELAND OH 44115-1496 ☐ Delete

TITLE MGR
NAME GREEN, ROE
STREET ADDRESS 245 BRIGHTON DRIVE
CITY-ST-ZIP AURORA OH 44202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100014560334
03/25/03--01001--001 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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:

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

3/15/03

Date

Daytime Phone #

CR2E083 (10/02)