

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000063800

1. Entity Name
KJR CARROLLWOOD MANAGER, INC.



Principal Place of Business
**24500 CHAGRIN BLVD., STE. 200
BEACHWOOD, OH 44122**

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



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **01-0713065** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RISMAN, ROBERT R
2730 SOUTH OCEAN BLVD., STE. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000103451 - A.H.
04/05/04-80055-010 245.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RISMAN, KATHY
STREET ADDRESS	24500 CHAGRIN BLVD., STE. 200
CITY-ST-ZIP	BEACHWOOD, OH 44122
TITLE	S
NAME	KING, DAVID M
STREET ADDRESS	24500 CHAGRIN BLVD., STE. 200
CITY-ST-ZIP	BEACHWOOD, OH 44122
TITLE	T
NAME	KING, DAVID M
STREET ADDRESS	24500 CHAGRIN BLVD., STE. 200
CITY-ST-ZIP	BEACHWOOD, OH 44122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**000000103451
04/05/04-80055-010 250.00**

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathy J. Risman, President 3/22/04 216-464-5130