

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

150 02
FILED
Feb 01, 2005 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**



01192005 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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
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02/02/05-80024-004 250.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy J. Risman, President

1/27/05

216-461-5130

Date

Daytime Phone #