

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 08:00 A**  
**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



04162007 No Chg-P CR2E034 (11/05)

**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, 2007 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
CITY-ST-ZIP	BEACHWOOD, OH 44122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000719499  
05/01/07-80065-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 4/17/07 (216) 464-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #