


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90133 007 \*\*\*\*50.00

<b>DOCUMENT # L04000038276</b>			
1. Entity Name <b>R.J. ARMENTO INVESTMENTS, L.L.C.</b>			
Principal Place of Business <b>11863 WIMBLETON CIRCLE, UNIT 414 WELLINGTON FL 33414</b>		Mailing Address <b>11863 WIMBLETON CIRCLE, UNIT 414 WELLINGTON FL 33414</b>	
2. Principal Place of Business <b>9110 DuPont Pl. Suite, Apt. #, etc. WELLINGTON FL Apt.</b>		3. Mailing Address <b>9110 DuPont Pl. Suite, Apt. #, etc. PVT WELLINGTON FL</b>	
City & State <b>WELLINGTON FL</b>		City & State <b>WELLINGTON FL</b>	
Zip <b>33414</b>	Country <b>P.B. County</b>	Zip <b>33414</b>	Country <b>P.B. County</b>
6. Name and Address of Current Registered Agent <b>WEINSTEIN, SETH T ESQ SOKOLOFF &amp; WEINSTEIN, P.A. 11440 OKEECHOBEE BLVD., STE 104 ROYAL PALM BEACH FL 33411</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM ARMENTO, ROCCO 11863 WIMBLETON CIRCLE 414 WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U-1</b> <b>ROCCO ARMENTO JR.</b> <b>12174 PINEHURST BLVD</b> <b>W-P.B. FL 33411</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM ARMENTO, JOAN 11863 WIMBLETON CIRCLE 414 WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U-2</b> <b>JOAN ARMENTO</b> <b>12174 PINEHURST BLVD</b> <b>W-P.B. FL 33411</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Rocco J. Armento Rocco J. Armento 1/29/06 (561) 718-7055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #