## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L02000025980** 01-24-2005 90106 032 \*\*\*\*50.00 1. Entity Name ROONIES, LLC Principal Place of Business Mailing Address 20003619 1700 N. FEDERAL HWY #125 1700 N. FEDERAL HWY #125 BOCA RATON, FL 33432 BOCA RATON, FL 33432 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 01182005 CR2E083 (10/03) Chg-LLC City & State Gity & State 4. FEI Number Applied For 48-1278107 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent = COHEN, LAURENT E Street Address (P.O. Box Number is Not Acceptable) 320 PLAZA REAL #412 BOCA RATON, FL 33433 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 regis red agen CONEY -SIGNATOR 14,5 --- Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR MGR (D) Change TITLE ☐ Defete TITLE ☐ Addition COHEN, LAURENT Cor NAME NAME STREET ADDRESS 320 PLAZA REAL #412 STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-7/P CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME BENHAMOU, STEPHANE NAME STREET ADDRESS 428 PLAZA REAL #237 STREET ADDRESS CITY-ST-7IP BOCA RATON, FL 33432 CITY-ST-ZIP Delete 1 \_\_ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP 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.

Dale

Daytime Phone #

FILED Jan 24, 2005 8:00 am