
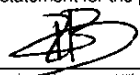
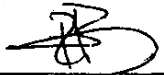


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90086 031 ****50.00

DOCUMENT # L01000000912 1. Entity Name RIPSONS MANAGEMENT, LLC					
Principal Place of Business 2315 STIRLING ROAD DANIA, FL 33312				Mailing Address 2315 STIRLING ROAD DANIA, FL 33312	
2. Principal Place of Business - No P.O. Box # 3801 NE 207 Street		3. Mailing Address 3801 NE 207 Street			
Suite, Apt. #, etc. Apt 402		Suite, Apt. #, etc. Apt 402			
City & State Aventura, FL		City & State Aventura, FL			
Zip 33180		Country USA		Zip 33180	
Country USA		Country U.S.A			
4. FEI Number 65-1078079				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PICCIOTTO, DANIEL 499 EAST PALMETTO PARK RD., STE. 206 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Patricia Picciotto Street Address (P.O. Box Number is Not Acceptable) 3801 NE 207 Street Apt 402 City Aventura FL Zip Code 33180	
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 		Patricia Picciotto		01/25/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIEL, PICCIOTTO 499 EAST PALMETTO PARK RD BOCA RATON, FL 33432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Daniel Picciotto 3801 NE 207 Street Apt 402 Aventura FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATRICIA, PICCIOTTO 2315 STIRLING RD DANIA, FL 33432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Patricia Picciotto 3801 NE 207 Street Apt 402 Aventura FL 33180 <input checked="" 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	
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	
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 Chapter 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: 		Patricia Picciotto		01/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # 305 466 3825	