

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 27, 2003 8:00 am  
Secretary of State

02-27-2003 90001 031 \*\*\*\*50.00

DOCUMENT # L02000003716

1. Entity Name

RITON PROPERTIES, LLC



Principal Place of Business

C/O ROSKOPH ASSOCIATES PROFESSIONAL CORP  
550 HAMILTON AVE., STE. 300  
PALO ALTO CA 94301

Mailing Address

C/O ROSKOPH ASSOCIATES PROFESSIONAL CORP  
550 HAMILTON AVE., STE. 300  
PALO ALTO CA 94301

2. Principal Place of Business

22 Boca Royale Blvd.

Suite, Apt. #, etc.

3. Mailing Address

c/o Merrill Lynch FOG

Suite, Apt. #, etc.

PO Box 192625

City & State

Englewood, FL

City & State

San Francisco, CA

4. FEI Number

75-3001340

Applied For

Not Applicable

Zip

34223

Country

USA

Zip

94119

Country

USA

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.  
526 EAST PARK AVE.  
STE. 200  
TALLAHASSEE FL 32302-2551

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  Delete  
NAME Don R. DeSantis  
STREET ADDRESS 22 Boca Royale Blvd.  
CITY-ST-ZIP Englewood, FL 34223

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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NAME  
STREET ADDRESS  
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.

SIGNATURE:

*Don R. DeSantis*

FEB 15, 03

9414752768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #