


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000006855					
1. Entity Name RONO, LLC					
Principal Place of Business 420 SOUTH ORANGE AVE. SUITE 1200 ORLANDO, FL 32801			Mailing Address 420 SOUTH ORANGE AVE. SUITE 1200 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0468927	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAATHOFF, DWIGHT ESQ. 420 SOUTH ORANGE AVE. SUITE 1200 ORLANDO, FL 32801			Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 E. Park Ave City Tallahassee FL Zip Code 32301		
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		<i>Kenn R. Rehob, President</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE 4-9-07	
Filing Fee is \$50.00 Due by May 1, 2007		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUFSEESSER, ERNST		NAME	900096512429	
STREET ADDRESS	C/O 21, RUE DR MT BLANC		STREET ADDRESS	04/11/07--01043--003 **50.00	
CITY-ST-ZIP	GENEVA, SWITZERLAND,		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KURZ, PIERRE		NAME		
STREET ADDRESS	C/O 21, RUE DR MT BLANC		STREET ADDRESS		
CITY-ST-ZIP	GENEVA, SWITZERLAND,		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBER, JEAN-PIERRE		NAME		
STREET ADDRESS	BELCHENSTR 19		STREET ADDRESS		
CITY-ST-ZIP	BASLE SW,		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>P. Kurz</i>		P. Kurz, Treas.		3/19/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

FILED
 07 APR -9 PM 1:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

BK



01292007 Chg-LLC CR2E083 (12/06)