2006 LIMITED LIABILITY COMPANY

FILED Aug 18, 2006 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # L02000008867 RONAN DEVELOPERS, L.L.C. Principal Place of Business Mailing Address 900 NW 17TH AVENUE 900 NW 17TH AVENUE SUITE 202 **SUITE 202** DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 01092006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 82-0546439 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POLERA, ANTHONY DO NOT WRITE 900 NW 17TH AVE., SUITE 202 DELRAY BEACH, FL 33445 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2006 170 :15: MANAGING MEMBERS/MANAGERS 9. MGRM TITLE RADABAUGH, RENEE NAME STREET ADDRESS 352 NE 3RD AVE DELRAY BEACH, FL 33444 Unnonn574696 MGRM TITLE POLERA, DEBRA NAME STREET ADDRESS 900 NW 17TH AVE STE 202 CITY - ST-2IP DELRAY BEACH, FL 33445 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS 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.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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