

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008867

1. Entity Name

RONAN DEVELOPERS, L.L.C.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90578 005 ****50.00

Principal Place of Business
1300 NW 17TH AVENUE
SUITE 278
DELRAY BEACH FL 33445

Mailing Address
1300 NW 17TH AVENUE
SUITE 278
DELRAY BEACH FL 33445

2. Principal Place of Business
900 NW 17th Avenue

3. Mailing Address
900 NW 17th Avenue

Suite, Apt. #, etc.
Suite # 202

Suite, Apt. #, etc.
Suite # 202

City & State
Delray Beach FL

City & State
Delray Beach FL

Zip
33445

Country
USA

Zip
33445

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
82-0546439

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOEL KORNBURG, M.D., J.D., P.A.
7301-A WEST PALMETTO PARK RD., STE. 305C
BOCA RATON FL 33433

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 606, Florida Statutes.

SIGNATURE: Debra Polera, morm 04.28.03 561.278.6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)