2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000008867

RONAN DEVELOPERS, L.L.C.



FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90578 005 ****50.00

Principal Plac	e of Business	Mailing Address							
1300 NW 17TH	AVENUE	1300 NW 17TH AVENUE							
Suite 278 Delray Beach	H FL 33445	SUITE 278 DELRAY BEACH FL 33445							
		<u> </u>							
900 1	Place of Business NW 17 th Avenue	3. Mailing Address	7th Ave,	nue					
	# 202	Suite, Apt. #, etc.	202			CHECK HERE IF	MAKING	CHANGES	
City & State		City & State De Iray Be	ach Fl		El Number 3 - 0 9	546439		No	oplied For ot Applicable
334 L		Zip 33445	Country USA		Certificate of St		<u> </u>	55.00 Add ee Require	
	6. Name and Address of Current R	legistered Agent	, Norma	7. 1	lame and Add	ress of New Regi	istered A	gent	
JOE	L KORNBERG, M.D., J.D., P.A.		Name			a Table 1999			
	1-A WEST PALMETTO PARK RD., S	TE. 305C	Street /	Address (P.O. B	ox Number is N	lot Acceptable)			
	CA RATON FL 33433		<u> </u>					 -	
_				<u>. </u>					
			City	- ·			FL	Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office o	or registered age	ent, or both, in	the State of Florida		 miliar with.	and accept
	ions of registered agent.		-						•
SIGNATURE .	_								
	Signature, typed or printed name of registered agent an	od title if applicable (NOTE: I	Registered Agent signs	ature required when re	instating)		DATE		
	Olgridatelle, typed by printed figure of registered agent an	TOTE:							
	Olgrando, typed bi printed tamb of agistored agent an	<u></u>	W!!! FEE IS				-		
	Ognitation, types of printed name of agreement agent an	<u></u>	WIII FEE IS	\$50.00	State				
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9.	MANAGING MEMBER	FILE NON Make Check Payable Due	W!!! FEE IS S to Florida De	\$50.00 epartment of	State	ADDITIONS/CH	IANGES		
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Lebra Polera, MORM 04.28.03 Sol.278.6800

EMPER MANAGER. UN AUTHORIZED REPRESENTATIVE Date Destine Phone # SIGNATURE: