2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L02000025980

1. Entity Name ROONIES, LLC



FILED Jul 17, 2006 08:00 AM Secretary of State

Principal Place of Business

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

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

Mailing Address

1890 N DIXIE HWY Boca Raton, FL 33432 1890 N DIXIE HWY Boca raton, Fl. 33432

US



07092006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number
	48-1278107

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

310 E ROY	AURENT E YAL PALM ROAD TON, FL 33432		DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the	ne State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and talk if applicable.	(NOTE: Registered Agent signature required when renstating)	DATE		
Fil Due I	ling Fee is \$50.00 by September 6, 2006	07.	U00000570534 /17/06-80005-015 50.00		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, LAURENT 310 E ROYAL PALM ROAD BOCA RATON, FL 33432	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALFON, KIKI P 10727 MAPLE CHASE DR. BOCA RATON, FL 33498	,	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE		

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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: _		7	
	AND TYPED OR PRINTED NAME OF SIGNING	MANAGING MEMOR	R, OR AUTHORIZED REPRESENTATIVE

7/13/06

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