
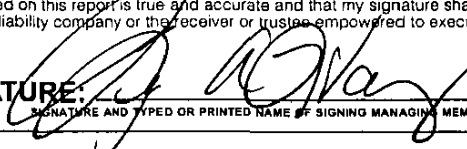


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90021 001 \*\*\*143.75

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # L02000031611</b>  |   |  |  |  |  |
| <b>1. Entity Name</b><br>RON JON FB, LLC  |   |  |  |   |  |
| <b>Principal Place of Business</b><br>5160 INTERNATIONAL DRIVE<br>ORLANDO, FL 32819   |   |  | <b>Mailing Address</b><br>3850 SOUTH BANANA RIVER BLVD.<br>COCOA BEACH, FL 32931 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>                            |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                                  |  |   |  |
| City & State  |   | City & State   |  |   |  |
| Zip   | Country   | Zip  | Country  | 04252008    Chg-LLC    CR2E083 (12/06)  |  |
| <b>4. FEI Number</b><br>72-1541860  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>5. Certificate of Status Desired</b>   |   |  |  | <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>         |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |  | <b>7. Name and Address of New Registered Agent</b>                               |   |  |
| NEUKAMM, MICHAEL E<br>GRAY ROBINSON, P.A.<br>301 E. PINE STREET, SUITE 1400<br>ORLANDO, FL 32801  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City               |   |  |
|   |   |  | FL    Zip Code   |   |  |
| <b>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.</b>  |   |  |  |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |   | Make check payable to<br>Florida Department of State |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | MGR<br>MORIARTY, EDWARD L<br>3850 SOUTH BANANA RIVER BLVD.<br>COCOA BEACH, FL 32931   | <input type="checkbox"/> Delete                      | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | P<br>HARVEY, DEBRA A<br>3850 S. BANANA RIVER BLVD.<br>COCOA BEACH, FL 32931       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | MGR<br>KIRSCHENBAUM, MALCOLM R<br>3850 S. BANANA RIVER BLVD.<br>COCOA BEACH, FL 32931 | <input type="checkbox"/> Delete                      | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete                      | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete                      | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete                      | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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.</b> |   |  |  |   |  |
| <b>SIGNATURE:</b>    |   |  | Debra A. Harvey    4/30/08    321.799.8888                                       |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  | <small>Date    Daytime Phone #</small>   |   |  |