

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90032 045 ****50.00



DOCUMENT # L03000005646

1. Entity Name
 RITMO AMERICA, LLC

Principal Place of Business
~~240 PARK AVENUE~~
 LAKE WALES, FL 33853

Mailing Address
 240 PARK AVENUE
 LAKE WALES, FL 33853

2. Principal Place of Business
 300 ACUFF ROAD

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 LAKE WALES, FL

City & State

03012006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 04-3746256

Applied For
 Not Applicable

Zip
 33859

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

WEAVER, JAMES M
 240 PARK AVENUE
 LAKE WALES, FL 33853

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

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME BORTOLI, MR. RENZO
 STREET ADDRESS 9800 WEST LAKE RUBY DRIVE
 CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGRM Delete
 NAME CONTIERO, MS. ROSELLA
 STREET ADDRESS 9800 WEST LAKE RUBY DRIVE
 CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 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.

SIGNATURE: *Renzo Bortoli*

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

4-12-06

Date

863-875-1130

Daytime Phone #