
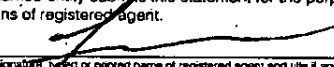
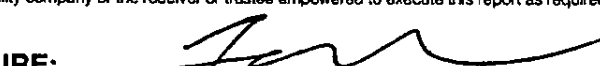


FILED
Feb 24, 2004 8:00 am
Secretary of State

02-10-2004 90105 028 ****55.00

DOCUMENT # L03000009399			
1. Entity Name RITCON PROPERTIES, L.L.C.			
Principal Place of Business 104 CLEMATIS ST. WEST PALM BEACH, FL 33401		Mailing Address 104 CLEMATIS ST. WEST PALM BEACH, FL 33401	
2. Principal Place of Business 257 ROYAL POINCIANA WAY		3. Mailing Address 257 ROYAL POINCIANA WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM BEACH, FLORIDA		City & State PALM BEACH, FLORIDA	
Zip 33480	Country USA	Zip 33480	Country USA
6. Name and Address of Current Registered Agent BARNETT, CHARLES D 8412 NATIVE DANCER ROAD PALM BEACH GARDENS, FL 33418		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 		DATE 2/3/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 608, Florida Statutes.			
SIGNATURE: 			
Date Daytime Phone #			