

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000009399

1. Entity Name
RITCON PROPERTIES, L.L.C.



Principal Place of Business
257 ROYAL POINCIANA WAY
PALM BEACH, FL 33480

Mailing Address
257 ROYAL POINCIANA WAY
PALM BEACH, FL 33480



01152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2328329

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, CHARLES D
8412 NATIVE DANCER ROAD
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CONIGLIO, FRANK S
STREET ADDRESS 104 CLEMATIS ST
CITY-ST- ZIP WEST PALM BEACH, FL 33401

TITLE MGR
NAME RITMAN, SIDNEY
STREET ADDRESS 205 GRAND POINTE DRIVE
CITY-ST- ZIP PALM BEACH GARDENS, FL 33418

TITLE MGR
NAME CONIGLIO, NICHOLAS
STREET ADDRESS 1139 N OCEAN BLVD
CITY-ST- ZIP PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

000000603693
01/29/07-80025-001 55.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

1/21/07

561-833-3520

Date

Daytime Phone #