

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 10, 2008 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



02132008 No Chg-LLC

CR2E083 (12/07)

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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	

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03/26/08-80098-004 143.75

**DO NOT WRITE
IN THIS SPACE**

**SIGN
& DATE**

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

Date

Daytime Phone #

3/7/08 561-833-3520