

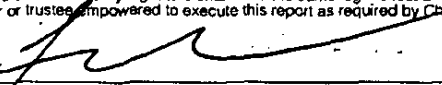


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-10-2004 90104 010 ****55.00

DOCUMENT # L03000009400			
1. Entity Name RITCON INVESTMENTS, 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 Suite, Apt. #, etc.		3. Mailing Address 257 ROYAL POINCIANA WAY Suite, Apt. #, etc.	
City & State PALM BEACH, FL		City & State PALM BEACH, FL	
Zip 33480		Country USA	
4. FEI Number 56-2328322		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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		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 2/4/04	
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 2/4/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE FRANK S. CONIGLIO		Daytime Phone #	