

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90073 047 ****55.00

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02172005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000009400					
1. Entity Name RITCON INVESTMENTS, L.L.C.					
Principal Place of Business 257 ROYAL POINCIANA WAY PALM BEACH, FL 33480 US			Mailing Address 257 ROYAL POINCIANA WAY PALM BEACH, FL 33480 US		
2. Principal Place of Business		3. Mailing Address 470 Columbia Dr. Suite, Apt. #, etc. Ste. D-201			
Suite, Apt. #, etc.		City & State West Palm Beach, FL			
City & State		City & State West Palm Beach, FL		4. FEI Number 56-2328322	
Zip		Country		Applied For Not Applicable	
Zip 33409		Country USA		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONIGLIO, FRANK S 104 CLEMATIS STREET WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Sidney Ritman 205 Grand Pointe Dr. Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Nicholas Coniglio 104 Clematis St. West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John Kent Thurston 104 Clematis St. West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 606, Florida Statutes.					
SIGNATURE: <u>FRANK S. CONIGLIO</u>			Date: <u>2/19/05</u> Daytime Phone #: <u>561-833-3520</u>		