



# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L03000009400</b> 1. Entity Name <b>RITCON INVESTMENTS, L.L.C.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>06 SEP -6 AM 10:21</b>	
Principal Place of Business <b>257 ROYAL POINCIANA WAY PALM BEACH, FL 33480 US</b>				Mailing Address <b>470 COLUMBIA DRIVE SUITE D-201 WEST PALM BEACH, FL 33409 US</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent  <b>BARNETT, CHARLES D 8412 NATIVE DANCER ROAD PALM BEACH GARDENS, FL 33418</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$50.00</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CONIGLIO, FRANK S 104 CLEMATIS STREET WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900079732919 09/12/06--01066--002 **55.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RITMAN, SIDNEY 205 GRAND POINTE DRIVE PALM BEACH GARDENS, FL 33418</b> <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	<b>MGR CONIGLIO, NICHOLAS 104 CLEMATIS STREET WEST PALM BEACH, FL 33401</b> <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	<b>MGR THURSTON, JOHN KENT 104 CLEMATIS STREET WEST PALM BEACH, FL 33401</b> <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	<b>LAUREN LAM 257 ROYAL POINCIANA WAY PALM BEACH, FL. 33480</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT LAUREN LAM 257 ROYAL POINCIANA WAY PALM BEACH, FL. 33480</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MATTHEW BARGER 257 ROYAL POINCIANA WAY PALM BEACH, FL. 33480</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT MATTHEW BARGER 257 ROYAL POINCIANA WAY PALM BEACH, FL. 33480</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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.							
<b>SIGNATURE: FRANK S. CONIGLIO, MANAGING PARTNER 9/1/06 561-848-3308</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							