

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

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

470 COLUMBIA DRIVE  
SUITE D-201  
WEST PALM BEACH, FL 33409 US



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

56-2328322

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

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

00000583860  
01/18/07-80033-022 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CONIGLIO, FRANK S
STREET ADDRESS	104 CLEMATIS STREET
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	104 CLEMATIS STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGR
NAME	THURSTON, JOHN KENT
STREET ADDRESS	104 CLEMATIS STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VP
NAME	LAM, LAUREN
STREET ADDRESS	257 ROYAL POINCIANA WAY
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VP
NAME	BARGER, MATTHEW
STREET ADDRESS	257 ROYAL POINCIANA WAY
CITY-ST-ZIP	PALM BEACH, FL 33480

**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

Date

Daytime Phone #

1/11/07 561-833-3520