

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 10, 2008 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



02132008No Chg-LLC

CR2E083 (12/07)

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

**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 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

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03/26/08-80098-005 143.75

**DO NOT WRITE
IN THIS SPACE**

**SIGN
& DATE**

11. I hereby certify that the information supplied with this report 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

3/7/08

561-833-3520

Date

Daytime Phone #