

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025910

Entity Name: RONINWORKS, L.L.C.

FILED  
Sep 05, 2005  
Secretary of State

## Current Principal Place of Business:

3259 PROGRESS DRIVE  
ORLANDO, FL 32826

## New Principal Place of Business:

7265 GATESHEAD CIR.  
APT #7  
ORLANDO, FL 32822

## Current Mailing Address:

3259 PROGRESS DRIVE  
ORLANDO, FL 32826

## New Mailing Address:

7265 GATESHEAD CIR.  
APT #7  
ORLANDO, FL 32822

FEI Number: 20-0097533      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MAPES, DANIEL P  
3259 PROGRESS DRIVE  
ORLANDO, FL 32826      US

## Name and Address of New Registered Agent:

MAPES, DANIEL P  
7265 GATESHEAD CIR.  
APT #7  
ORLANDO, FL 32822      US

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.

SIGNATURE:

09/05/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: MAPES, DANIEL P  
Address: 3259 PROGRESS DRIVE  
City-St-Zip: ORLANDO, FL 32826

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: MAPES, DANIEL P  
Address: 7265 GATESHEAD CIR. APT #7  
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DANIEL P. MAPES

MGR

09/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date