


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L03000026270	
<b>1. Entity Name</b> ROYAL VENTURES LLC	

<b>Principal Place of Business</b> 18555 SW 104TH AVE MIAMI FL 33157	<b>Mailing Address</b> 18555 SW 104TH AVE MIAMI FL 33157
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/04)

<b>4. FEI Number</b> 90-0115266	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  PILEGGI, TERESA 18555 SW 104TH AVE MIAMI FL 33157	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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**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** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>MGR</b> PILEGGI, ROCCO 18555 SW 104TH AVE MIAMI FL 33157 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000303325 04/13/05-80108-022 \$5.00
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 608, Florida Statutes.

**SIGNATURE:** R. PILEGGI **DATE:** 04/05/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE