

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000026842

1. Entity Name
RONIN REAL ESTATE DEVELOPMENT LLC



Principal Place of Business
**4230 N.W. 12TH STREET
COCONUT CREEK, FL 33066**

Mailing Address
**4230 N.W. 12TH STREET
COCONUT CREEK, FL 33066**



02282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIPILATO, VICTOR JR.
4230 N.W. 12TH STREET
COCONUT CREEK, FL 33066**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ELBUALY, CHRISTINE
4230 N.W. 12TH STREET
COCONUT CREEK, FL 33066**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DIPILATO, VICTOR JR.
4230 N.W. 12TH STREET
COCONUT CREEK, FL 33066**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

1100000270874
03/21/05-80025-021 50.00.

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #