


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000037485**

\*1. Entity Name  
**RIDELI PROPERTIES, LLC**



Principal Place of Business <b>11293 SW 9 COURT          PEMBROKE PINES, FL 33025 US</b>	Mailing Address <b>11293 SW 9 COURT          PEMBROKE PINES, FL 33025 US</b>
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01282006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

**PORTELA, RICHARD  
 11293 SW 9 COURT  
 PEMBROKE PINES, FL 33025**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PORTELLA, RICHARD 11293 SW 9 COURT PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PORTELLA, MARIA LILIAN 11293 SW 9 COURT PEMBROKE PINES, FL 33025
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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:** *Richard Portella* **04/24/06** **954-665-4700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #