

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90020 024 \*\*\*\*50.00

<b>DOCUMENT # L03000040314</b> 1. Entity Name <b>RISO REALTY, LLC</b>					
Principal Place of Business <b>19010 LOXAHATCHEE RIVER ROAD JUPITER, FL 33458</b>			Mailing Address <b>19010 LOXAHATCHEE RIVER ROAD JUPITER, FL 33458</b>		
2. Principal Place of Business <b>118 VIA FLORENZA</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>11811 PROSPERITY FARMS RD</b> <small>Suite, Apt. #, etc.</small> <b>Suite B107</b>			
City & State <b>PALE BEACH GARDENS, FL</b>		City & State <b>PALE BEACH GARDENS FL</b>		4. FEI Number <b>20-0324607</b>	
Zip <b>33418</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RISO, KENNETH T 11211 PROSPERITY FARMS RD. SUITE B107 PALM BEACH GARDENS, FL 33410</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>RISO, KENNETH T</b> <input type="checkbox"/> Delete <b>19010 LOXAHATCHEE RIVER ROAD</b> <b>JUPITER, FL 33458</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Riso, Kenneth</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>118 VIA FLORENZA</b> <b>PALE BEACH GARDENS, FL 33418</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>			<b>1/7/05</b> <b>961-630-8900</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					