

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-12-2007 90480 011 *****55.00
L04000021936

FILED

2007 OCT 18 P 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03012007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000021936 1. Entity Name THE RITZ 558 LLC					
Principal Place of Business 455 GRAND BAY DRIVE, UNIT 520-21 KEY BISCAVNE, FL 33149			Mailing Address 455 GRAND BAY DRIVE, UNIT 520-21 KEY BISCAVNE, FL 33149		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 84-1641743				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent DE LA CRUZ, LUIS F. 2 ALHAMBRA PLAZA PH2-C CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name AGE RE SERVICIOS, LLC Street Address (P.O. Box Number is Not Acceptable) 9755 SW 40th Terrace City Miami FL Zip Code 33165	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENAIN, CEDRIK 455 GRAND BAY DRIVE, UNIT 520-21 KEY BISCAVNE, FL 33149	<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	MGR DIEPPA, JOSEPH 455 GRAND BAY DRIVE, UNIT 520-21 KEY BISCAVNE, FL 33149	<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 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: _____				3/5/07 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					