### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L04000060827

1. Entity Name RITZ PROPERTIES, LLC

Principal Place of Business

P.O. BOX 428 TALLAHASSEE, FL 32302 Mailing Address

P.O. BOX 428

TALLAHASSEE, FL 32302

## FILED Apr 16, 2007 08:00 Al Secretary of State



## DO NOT WRITE IN THIS SPACE

04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0535353

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUDLEY, CHARLES F 108 S. MONROE ST., STE. 200 TALLAHASSEE, FL 32301

# DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>			
SIGNATURE Signature, typed or printed name of registered agent and title if appricable. (NOTE Registered Agent signature required when reinstating)  DATE			
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUDLEY, CHARLES F MGRM 108 S. MONROE ST., STE. 200 TALLAHASSEE, FL 32301		U00000709898
TITLE NAME STREET ADDRESS CITY-ST-ZIP			04/25/07-80015-021 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-12-0

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Daytime Phone #