2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2005
Secretary of State

DOCUMENT# L04000083580

Entity Name: RONKE RESOURCES LLC

Current Principal Place of Business:

3901 SOUTH OCEAN DRIVE
8E
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

2301 SOUTH OCEAN DRIVE
704
HOLLYWOOD, FL 33019 US

Current Mailing Address:

3901 SOUTH OCEAN DRIVE
8E
HOLLYWOOD, FL 33019 US

New Mailing Address:

2301 SOUTH OCEAN DRIVE
704
HOLLYWOOD, FL 33019 US

FEI Number: 20-2566664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEWIS, MARY LU
3901 SOUTH OCEAN DRIVE
8E
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

LEWIS, MARY LU
2301 SOUTH OCEAN DRIVE
704
HOLLYWOOD, FL 33019 US

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.

SIGNATURE: MARY LU LEWIS 07/26/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEWIS, MARY LU
Address: 3901 SOUTH OCEAN DRIVE, 8E
City-St-Zip: HOLLYWOOD, FL 33019 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LEWIS, MARY LU
Address: 2301 SOUTH OCEAN DRIVE, 704
City-St-Zip: HOLLYWOOD, FL 33019 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARY LU LEWIS MGR 07/26/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date