



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90050 033 \*\*\*\*55.00

<b>DOCUMENT # L05000028957</b> 1. Entity Name <b>RON JON NEW STORE, LLC</b>					
Principal Place of Business <b>3850 SOUTH BANANA RIVER BLVD. COCOA BEACH, FL 32931</b>			Mailing Address <b>3850 SOUTH BANANA RIVER BLVD. COCOA BEACH, FL 32931</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
					
04122006    Chg-LLC    CR2E083 (11/05)					
4. FEI Number <b>76-0792717</b>					Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>SPECHT, LISA A 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>MGR MORIARTY, EDWARD 3850 S. BANANA RIVER BLVD. COCOA BEACH FL 32931</b>		
			<b>MGR KIRSCHENBAUM, MALCOLM R. 3850 S. BANANA RIVER BLVD. COCOA BEACH FL 32931</b>		
			<b>ST YOUNGS, JACQUELINE G. 3850 S. BANANA RIVER BLVD. COCOA BEACH FL 32931</b>		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<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.					
<b>SIGNATURE:</b> <u>Edward L. Moriarty</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/18/06</u> Daytime Phone # <u>321 295 8888</u>		
<b>EDWARD L. MORIARTY</b>					