## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000028957  1. Entity Name RON JON NEW STORE, LLC						04-24-2006	5 90050 033 ****	55.00
Principal Place of Business  3850 SOUTH BANANA RIVER BLVD.  COCOA BEACH, FL 32931  Address  3850 SOUTH BANANA RIVER BLVD.  COCOA BEACH, FL 32931				VD.				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Numbe	079271	<del></del>	pplied For	
Zip	Country Zip		Countr	Country 5. Certificate of Statu			\$5.00 Add Fee Require	litional
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New Ro	egistered Agent	
				Name				
SPECHT, LISA A 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801				Street Address (P.O. Box Number is Not Acceptable)				
			-	City			FL Zip Code	e
8. The above the obligati	named entity submits this statement for ons of registered agent.	the purpose of changing its	registered	d office or regis	stered agent, or both	h, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent signature requ	juired when reinstating)		DATE	<del></del>
Filing Fee is \$50.00								
Fi	ling Fee is \$50.00					Mak	e check payable to	
Fi Du	ue by May 1, 2006					Florida	Department of State	<b>e</b>
Fi Du	ling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE	RS/MANAGERS	10.				Department of State	
9. 11TLE	ue by May 1, 2006	RS/MANAGERS	TITLE		GR	Florida ADDITIONS/	CHANGES Change	e (I) Addition
9. TITLE NAME	ue by May 1, 2006		TITLE NAME			Florida ADDITIONS/	CHANGES Change	
9. TITLE NAME STREET ADDRESS	ue by May 1, 2006		TITLE NAME STREE	T ADDRESS 38	ORIARTY,	ADDITIONS/ EDWARD NANA PLU	CHANGES Change	
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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.

ANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: WANTED NAME OF SIGNING MANAGING MEMB