2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000029777

1. Entity Name RADNOR, LLC

FILED
Mar 01, 2007 08:00 A
Secretary of State

Principal Place of Business

2162 RADNOR COURT NORTH PALM BEACH, FL 33408 Mailing Address

2162 RADNOR COURT NORTH PALM BEACH, FL 33408



02262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2562184 Applied For
Not Applicable

5. Certificate of Status Desired Fee Required

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MOSTAFAVI, GABRIELA ESQ. 30 AUDUBON CAUSEWAY LANTANA, FL 33462

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Я	. The above named entity submits this statement for the purpose of changing its registered	d office or registered agent, or bott	h, in the State of Florida.	I am familiar with, and accer-	ot
	the obligations of registered agent.		.,		
	the sengation of regions as again.				
SI	IGNATURE				

(NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$50.00 Due by May 1, 2007 000000652682 03/12/07-80028-008 50.00

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUTCHER, STEVEN 2162 RADNOR COURT NORTH PALM BEACH, FL 33408		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSTAFAVI, ARMAGHAN AMY 66 HARBOUR DRIVE NORTH OCEAN RIDGE, FL 33435		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUTCHER, LORI 2162 RADNOR COURT NORTH PALM BEACH, FL 33408		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHULICK, ANDREW H 66 HARBOUR DRIVE NORTH OCEAN RIDGE, FL 33435		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAISLEY, JAMES 180 SHORE DRIVE RIVIERA BEACH, FL 33404		
TITLE NAME STREET ACORESS CITY-ST-ZIP			

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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: Mutcher

2128/07

561630-526

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

Date

Daytime Phone #