

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

DOCUMENT # L05000035661

1. Entity Name

RAVELLO LLC



Principal Place of Business

5350 W ATLANTIC AVE  
#102  
DELRAY BEACH FL 33484

Mailing Address

5350 W ATLANTIC AVE  
#102  
DELRAY BEACH FL 33484

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

03-0559176

Applied For  
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MORTON, MICHAEL  
5350 W ATLANTIC AVE  
#102  
DELRAY BEACH FL 33484

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** 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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**10.**

**ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY ST-ZIP	MGRM MORTON, MICHAEL 5350 W ALTANTIC AVE., #102 DELRAY BEACH FL 33484	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST-ZIP	VP Bradley MORTON 5350-W. ATLANTIC Ave #102 Delray Beach, FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST-ZIP	Secretary/Treasurer Tobey Norton 5350-W. ATLANTIC Ave #102 Delray Beach, FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST-ZIP		<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 Section 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:

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

4/20/07

561-865-9222

Date

Daytime Phone #