2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2006 8:00 am
Secretary of State

08-21-2006 90128 013 ****50.00

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DOCUMENT # L05000039484

1. Entity Name
RONEY LLC

30013173

05192006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
11280 COMPASS POINT DRIVE FT MYERS, FL 33908	11280 COMPASS POINT DRIVE FT MYERS, FL 33908

2. Principal Place of Business	3. Mailing Address
11460 Longwater Chase	11460 Longwater Chase
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33908 Country: U.S.	Zip: 33908 Country: U.S.

4. FEI Number: 30-0374297 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLOUGHBY, JOSEPH
11280 COMPASS POINT DRIVE
FT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name: Willoughby Joseph
Street Address (P.O. Box Number is Not Acceptable): 11460 Longwater Chase
City: Fort Myers FL Zip Code: 33908

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] DATE: 8-16-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	WILLOUGHBY, JOSEPH		NAME		
STREET ADDRESS	11280 COMPASS POINT DRIVE		STREET ADDRESS	11460 Longwater Chase	
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GAETA, JOSEPH R		NAME		
STREET ADDRESS	2261 MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33901		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #