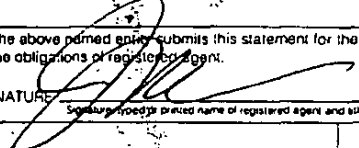
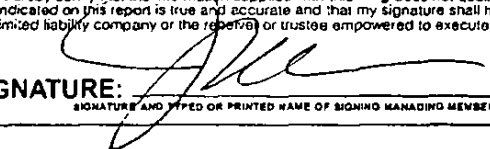


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/2

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

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

DOCUMENT # L05000039484			
1. Entity Name RONEY LLC			
Principal Place of Business 11280 COMPASS POINT DRIVE FT MYERS, FL 33908		Mailing Address 11280 COMPASS POINT DRIVE FT MYERS, FL 33908	
2. Principal Place of Business 11460 Longwater Chase		3. Mailing Address 11460 Longwater Chase	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Myers FL		City & State Fort Myers FL	
Zip 33908		Zip 33908	
Country U.S.		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 Willoughby, Joseph 11460 Longwater Chase Fort Myers FL 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 		Date 8-16-06	
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WILLOUGHBY, JOSEPH 11280 COMPASS POINT DRIVE FT MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	11460 Longwater Chase ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GAETA, JOSEPH R 2281 MAIN STREET FT MYERS, FL 33901 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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.			
SIGNATURE: 		Date Daytime Phone #	

30013173



05192006 Chg-LLC CR2E083 (11/05)