

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079325

Entity Name: RONSON HARBOR, LLC

FILED  
Jul 04, 2007  
Secretary of State

**Current Principal Place of Business:**

350 E. LAS OLAS BLVD. SUITE 1000  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

350 E. LAS OLAS BLVD. SUITE 1000  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BSPA CORPORATE SERVCIES, INC.  
350 E. LAS OLAS BLVD. SUITE 1000  
FT. LAUDERDALE, FL 33301 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: CARON, MICHEL A  
Address: C/O 350 E. LAS OLAS BLVD., SUITE 1000  
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: JACKSON, ELAINA B  
Address: C/O 350 E. LAS OLAS BLVD., SUITE 350  
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHEL A. CARON

MGR

07/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date