


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90191 005 \*\*\*\*50.00

<b>DOCUMENT # L05000090123</b> 1. Entity Name <b>RUFFIAN REALTY, LLC</b>																																																					
Principal Place of Business <b>33 SE 4TH STREET</b> <b>102</b> <b>BOCA RATON, FL 33432</b>			Mailing Address <b>33 SE 4TH STREET</b> <b>102</b> <b>BOCA RATON, FL 33432</b>																																																		
2. Principal Place of Business <b>55 NE 5th Avenue</b> Suite, Apt. #, etc. <b>500</b>		3. Mailing Address <b>55 NE 5th Avenue</b> Suite, Apt. #, etc. <b>500</b>																																																			
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>		4. FEI Number <b>13-4307042</b>																																																	
Zip <b>33432</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																																																	
6. Name and Address of Current Registered Agent  <b>FELDMAN, ROBERT ESQ.</b> <b>33 SE 4TH STREET</b> <b>102</b> <b>BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																	
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____																																																					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>MGR</b>  <b>FELDMAN, ROBERT</b>  <b>33 SE 4TH STREET, #102</b>  <b>BOCA RATON, FL 33432</b> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>FELDMAN, ROBERT</b> <b>33 SE 4TH STREET, #102</b> <b>BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>MGR</b>  <b>Robert Feldman</b>  <b>55 NE 5th Ave #500</b>  <b>Boca Raton, FL 33432</b> </td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>Robert Feldman</b> <b>55 NE 5th Ave #500</b> <b>Boca Raton, FL 33432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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.																																																					
<b>SIGNATURE:</b> _____ <b>561-392-6090</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																					

30001706



02082006 Chg-LLC CR2E083 (11/05)

*[Handwritten signatures and initials]*



ATTACHMENT

30001706

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

RUFFIAN REALTY, LLC  
55 NE 5TH AVE  
500  
BOCA RATON, FL 33432

Subject: RUFFIAN REALTY, LLC

Reference Number: L05000090123

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION

ATTACHMENT

20007520-36001706

#U5000090123

LAW OFFICES OF

ROBERT FELDMAN, P.A.

SUITE 102  
33 SOUTHEAST 4TH STREET  
BOCA RATON, FLORIDA 33432

(561) 392-6090  
(561) 392-3314  
TELEFAX (561) 395-4701

February 8, 2006

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Re: Annual Report

Dear Sir/Madam,

Please find enclosed the 2006 Annual Report and my check in the amount of \$50.00 for Ruffian Realty, LLC.

Very truly yours,



Robert Feldman

RF/jh  
Enclosures