2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90203 001 ****50.00

DOCUMENT # L05000090123 1. Entity Name RUFFIAN REALTY, LLC							02-05-2007	90203 001 ****	50.00	
Principal Place 55 NE 5TH A 500	VE		Mailing Address 55 NE 5TH AVE 500		EUNT 2220					
BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
,		ness - No P.O. Box #	3. Mailing Address			_				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01102007	Chg-LLC	CR2E083 (12/06)		
City & State			City & State		4. FEI Num. 13-43		 -	pplied For ot Applicable		
Zip		Country	Zip	Zip Coun		5. Certificate of Status Desired		S5.00 Additional Fee Required		
	6. Name	and Address of Current				7. Name and Address of New Registered Agent				
FELDMAN, ROBERT ESQ.					Robe	ert Fel	dman, Esq	•		
33 SE 4TH 102	STREET	j și		Street Addre			(P.O. Box Number is Not Acceptable) 5th Ave Ste 500			
BOCA RAT	TON, FL	33432								
٠,	•	. 9			Boca I	Raton		FL 3343	<u>*</u> 2	
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 Signeture, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Fil Du	ling-Fee i le by Ma	is \$50.00 y 1, 2007					i e	check payable to Department of Stat	io	
9.	·.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME	MGR FELDMAI	N, RÖBERT	☐ Delete TIT		l l			☐ Change	☐ Addition	
STREET ADDRESS	55 NE 5T	H AVE 500		STRE	EFT ADORESS					
CITY-ST-ZIP TITLE	BOCA RA	TON, FL 33432	Colota Colota	CITY-ST-ZIP Delete TITLE				☐ Change	☐ Addition	
NAME			N/		E			Onlings		
STREET ADDRESS CITY+ST-ZIP					EET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITLE	1		, , <u>, , , , , , , , , , , , , , , , , </u>	Change	☐ Addition	
NAME STREET ADDRESS				NAM STRE	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE NAME			☐ Delete	NAM	1			☐ Change	Addition	
STREET ADDRESS CATY-ST-ZIP					ET ADDRESS - ST-ZIP					
TITLE			☐ Delete	TITLE	I			Change	Addition	
NAME STREET ADDRESS				NAM STRE	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE ' NAME			☐ Delete	TITLI NAM				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -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: HIS SUI-252-6010										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date										