

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116969

Entity Name: RAL DEERFIELD, LLC

FILED
May 08, 2006
Secretary of State

Current Principal Place of Business:

5301 N. FEDERAL HIGHWAY
SUITE 190
BOCA RATON, FL 33487

New Principal Place of Business:

5301 N. FEDERAL HIGHWAY
SUITE 150
BOCA RATON, FL 33487

Current Mailing Address:

5301 N. FEDERAL HIGHWAY
SUITE 190
BOCA RATON, FL 33487

New Mailing Address:

5301 N. FEDERAL HIGHWAY
SUITE 150
BOCA RATON, FL 33487

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:

LEHMAN, JONATHAN H
5301 N. FEDERAL HIGHWAY
SUITE 190
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

LEHMAN, JONATHAN H
5301 N. FEDERAL HIGHWAY
SUITE 150
BOCA RATON, FL 33487 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: JONATHAN H LEHMAN

05/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEMASURIER, ROSE A
Address: 5301 N. FEDERAL HIGHWAY SUITE 190
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEMASURIER, ROSE A
Address: 5301 N. FEDERAL HIGHWAY SUITE 150
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSE A LEMASURIER

MGRM

05/08/2006

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