

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000000476

1. Entity Name

RONIN CAPITAL MANAGEMENT LLC

STATE OF FLORIDA

SECRETARY OF STATE

Principal Place of Business

Mailing Address

501 BRICKELL KEY DRIVE
SUITE 603
MIAMI FL 33131

501 BRICKELL KEY DRIVE
SUITE 603
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E083 (10/05)

5. Certificate of Status Desired

5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH,LTD., INC.
515 E. PARK AVE.
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

MAGNUS ERIKSSON

1/24/2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

000000403687

02/06/06-80017-008 50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGRD

CHUANG, EUGENE

28 MARBLE RD., 31/F

HONG KONG

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGRD

ERIKSSON, MAGNUS

5555 LAGORCE DRIVE

MIAMI FL 33140

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Delete

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1/24/06

(305)599-9101

Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #