

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90421 007 ****50.00

DOCUMENT # M04000003852

1. Entity Name
RITZ CAPITAL MANAGEMENT LLC



Principal Place of Business
22821 SILLS LOOP
LAND O LAKES, FL 34639

Mailing Address
22821 SILLS LOOP
LAND O LAKES, FL 34639

20026294



2. Principal Place of Business

5614 PINNACLE HGTS CIR #304

3. Mailing Address

Same

01052005 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.
#304

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State

4. FEI Number 522259862

Applied For
Not Applicable

Zip
33624

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RITZENTHALER, ROBERT
22821 SILLS LOOP
LAND O LAKES, FL 34639

7. Name and Address of New Registered Agent

Name ROBERT RITZENTHALER

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

5614 PINNACLE HEIGHTS CIR #304

City TAMPA

FL

Zip Code 33624

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

[Signature]

ROBERT RITZENTHALER, MANAGER

3/31/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RITZENTHALER, ROBERT
STREET ADDRESS 22821 SILLS LOOP
CITY-ST-ZIP LAND O LAKES, FL 34639 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME ROBERT RITZENTHALER ☒ Change ☐ Addition
STREET ADDRESS 5614 PINNACLE HEIGHTS CIR #304
CITY-ST-ZIP TAMPA, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

ROBERT RITZENTHALER, MGR

813-699-8430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/31/05

Daytime Phone #