FILE NOW: Fee after May 1, will be $263.75

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95 MAY -1 AM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 238.75	Annual Report $100.00 + $138.75 Corporation Supplemental Fee
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company

DOCUMENT # 200238

RONAN MIAMI, L.C.
215 SOUTHWEST LEJEUNE ROAD
MIAMI FL 33134-1799

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

1a. Principal Place of Business Address
215 SOUTHWEST LEJEUNE ROAD
MIAMI FL 33134

2 Mailing Address	2a. Principal Place of Business
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified	3a. State of Formation
06/07/1990	FL

4. FEI Number
65-0196214
☐ Applied For
☐ Not Applicable

5. Date of Last Report	6. Certificate of Status Desired
04/18/1994	$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
ROSEN, NORMAN S ROSEN ASSOCIATES 215 S.W. LEJEUNE RD. MIAMI FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City: FL — Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	ROSEN, NORMAN S.	215 S.W. LEJEUNE ROAD	MIAMI FL
M	ROSEN, CLIFFORD	215 S.W. LEJEUNE ROAD	MIAMI FL

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11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ CLIFFORD D. ROSEN 4/17/95 (305) 446-5663
(Signature of Authorized Member or Manager) (Printed Name of Florida Managing Member or Manager) (Date) (Daytime Phone #)

(NONSEQ R(12-04)