

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR 29 PM 4:14

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** 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~~

1a. Principal Place of Business Address

~~215-SOUTHWEST-LEJEUNE-ROAD~~  
~~MIAMI-FL-33134~~

2. Principal Place of Business

2333 Brickell Avenue

Suite, Apt. #, etc.

Suite D-1

City & State

Miami, Florida

Zip

33129

Country

USA

2a. Mailing Address

2333 Brickell Avenue

Suite, Apt. #, etc.

Suite D-1

City & State

Miami, Florida

Zip

33129

Country

USA

3. Date Organized or Qualified

06/07/1990

3a. State of Formation

FL

4. FEI Number

65-0196214

☐ Applied For

☐ Not Applicable

5. Date of Last Report

03/20/1998

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

DAVID, MARYANN Y  
~~215-SOUTHWEST-LEJEUNE-ROAD~~  
~~MIAMI-FL-33134~~

8. Name and Address of New Registered Agent/Office

Name

David, MaryAnn Y

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

2333 Brickell Avenue

Suite, Apt. #, etc.

Suite D-1

City

Miami, Florida

FL

Zip Code

33129

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

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

DATE

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~~

M

Rosen, Norman S

2333 Brickell Avenue Suite D-1

Miami, Florida 33129

M

Rosen, Clifford

2333 Brickell Avenue Suite D-1

Miami, Florida 33129

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\*\*\*\*188.75 \*\*\*\*188.75

11. I do 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 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:

*Norman S. Rosen*

Norman S. Rosen

4-13-99

305-859-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #