


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # Z00238 1. Entity Name RONAN MIAMI, L.C.	
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Principal Place of Business 2333 BRICKELL AVENUE, SUITE D-1 MIAMI, FL 33129	Mailing Address 2333 BRICKELL AVENUE, SUITE D-1 MIAMI, FL 33129
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05042006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0196214	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fees Required
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6. Name and Address of Current Registered Agent

**DAVID, MARYANN Y
2333 BRICKELL AVENUE, SUITE D-1
MIAMI, FL 33129**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 6, 2006**

U00000542388
05/10/06-80095-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ROSEN, NORMAN S. 2333 BRICKELL AVENUE, SUITE D-1 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ROSEN, CLIFFORD 2333 BRICKELL AVENUE, SUITE D-1 MIAMI, FL 33129
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 609, Florida Statutes.

SIGNATURE:  **Clifford D. Rosen** **5/1/06** **305.859.4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #