


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90057 020 \*\*\*138.75

DOCUMENT # L04000043830

1. Entity Name  
 RAMSCO LLC



Principal Place of Business 4411 BEE RIDGE ROAD SUITE 271 SARASOTA, FL 34233 US	Mailing Address 4411 BEE RIDGE ROAD SUITE 271 SARASOTA, FL 34233 US
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60030781



2. Principal Place of Business - No P.O. Box # 4025 Cattlemen Rd. Suite, Apt. #, etc Suite 122 City & State Sarasota, FL Zip 34233 Country US	3. Mailing Address 4025 Cattlemen Rd. Suite, Apt. #, etc Suite 122 City & State Sarasota, FL Zip 34233 Country US
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04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1225039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent WEBB, RICHARD S IV % ICARD MERRILL, 2033 MAIN STREET #600 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALTZMAN, ANDREA 1260 CAROL LANE DEERFIELD, IL 60015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4025 Cattlemen Rd. Suite 122 Sarasota, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 employed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Andrea J. Saltzman 4/24/08 847-317-1512  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #