
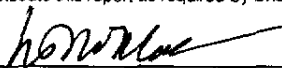


**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001478</b>			
1. Entity Name LIONSPAW DEVELOPMENT, LTD.			
Principal Place of Business 125 E. INDIANA AVE., STE. A-2 DELAND, FL 32724		Mailing Address 125 E. INDIANA AVE., STE. A-2 DELAND, FL 32724	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  MCMAHAN, RICHARD A 125 E INDIANA AVE #A-2 DELAND, FL 32724		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$4,048,000.00		10. Amount of Capital Contributions in FLORIDA to date	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	300569	STREET ADDRESS	
NAME	RAM GROUP INC.	CITY-ST-ZIP	
STREET ADDRESS	125 E. INDIANA AVE., SUITE A-2		
CITY-ST-ZIP	DELAND, FL 32724		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
1. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: 		1/5/05 386-736-3799	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone	