


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-09-2005 90155 026 *****5.00
03-11-2005 90054 045 *****45.00

DOCUMENT # L00000009784	
1. Entity Name LUCY RAMC, LLC	

Principal Place of Business 677 NORTH WASHINGTON BLVD., SUITE 10 SARASOTA FL 34238	Mailing Address 677 NORTH WASHINGTON BLVD., SUITE 10 SARASOTA FL 34238
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1041428	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NAPOLITANO & COOPER P.A. 100 WALLACE AVENUE, STE. 240 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

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM COPPENRATH, MR. ROBERT 988 BOULEVARD OF THE ARTS, APT. #617 SARASOTA FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 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.

SIGNATURE:  **ROBERT A. COPPENRATH** 2.4.2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #