

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005927

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: RAMSEY 19, LLC

## Current Principal Place of Business:

4810 EXECUTIVE PARK COURT, SUITE 109  
C/O RAMSEY DEVELOPMENT, INC.  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

4810 EXECUTIVE PARK COURT, SUITE 109  
C/O RAMSEY DEVELOPMENT, INC.  
JACKSONVILLE, FL 32216 US

## Current Mailing Address:

4810 EXECUTIVE PARK COURT, SUITE 109  
C/O RAMSEY DEVELOPMENT, INC.  
JACKSONVILLE, FL 32216

## New Mailing Address:

4810 EXECUTIVE PARK COURT, SUITE 109  
C/O RAMSEY DEVELOPMENT, INC.  
JACKSONVILLE, FL 32216 US

FEI Number: 59-3722823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DERMOND, KEITH B  
4810 EXECUTIVE PARK COURT, SUITE 109  
C/O RAMSEY DEVELOPMENT, INC.  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: RAMSEY 99,LLC,  
Address: 4810 EXECUTIVE PARK COURT, SUITE 109  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KEITH B. DERMOND

S/T

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date