

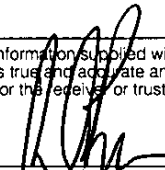


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90201 024 \*\*\*\*50.00

|  |   |  |   |  |                                |
|--|---|--|---|--|--------------------------------|
| <b>DOCUMENT # L01000013742</b><br>1. Entity Name<br><b>RAMBER GROUP, LLC</b>   |   |  |   |   |                                |
| Principal Place of Business<br><del>2603B MAITLAND CENTER PARKWAY</del><br><del>MAITLAND, FL 32751</del>   |   |  | Mailing Address<br><del>2603B MAITLAND CENTER PARKWAY</del><br><del>MAITLAND, FL 32751</del>  |  |                                |
| 2. Principal Place of Business<br>2701 Maitland Center Pkwy<br>Suite, Apt. #, etc.<br>Suite 225<br>City & State<br>Maitland, FL<br>Zip<br>32751<br>Country<br>Orange   |   | 3. Mailing Address<br>2701 Maitland Center Pkwy<br>Suite, Apt. #, etc.<br>Suite 225<br>City & State<br>Maitland, FL<br>Zip<br>32751<br>Country<br>Orange |   |    |                                |
| 02232006    Chg-LLC    CR2E083 (11/05)   |   |  |   | 4. FEI Number<br>26-1888639  |                                |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |   |  |   | Applied For<br>Not Applicable  |                                |
| 6. Name and Address of Current Registered Agent<br><br><b>BERMAN, REID S</b><br><del>2603B MAITLAND CENTER PARKWAY</del><br><del>MAITLAND, FL 32751</del><br><b>2701 Maitland Center Pkwy, Suite 225</b><br><b>Maitland, FL 32751</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |                                |
| 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 reins along) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |  |   |  |                                |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |  |                                |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES   |  |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>REIDS, BERMAN<br><del>2603 B MAITLAND CENTER PARKWAY</del><br><del>MAITLAND, FL 32751</del> <div style="text-align: right;"><input type="checkbox"/> Delete</div> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | 2701 Maitland Center Parkway<br>Suite 225<br>Maitland, FL 32751<br><div style="text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</div> |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>   |                                |
| 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |   |  |                                |
| <b>SIGNATURE:</b>   |   |  | 3-15-06   |  | 407-659-0120                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  | <small>Date</small>   |  | <small>Daytime Phone #</small> |