

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002189

FILED
May 02, 2007
Secretary of State

Entity Name: WILL RAMSEY DEVELOPMENT COMPANY LLC

Current Principal Place of Business:

5263 GOLDEN GATE PKWY
UNIT D
NAPLES, FL 34116

New Principal Place of Business:

3332 WHITE BLVD
NAPLES, FL 34117

Current Mailing Address:

5263 GOLDEN GATE PKWY
UNIT D
NAPLES, FL 34116

New Mailing Address:

3332 WHITE BLVD
NAPLES, FL 34117

FEI Number: 80-0033272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHWEIKHARDT, WILLIAM
900 SIXTH AVE. SOUTH, STE. 203
NAPLES, FL 34102 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/MANAGERS:

Title: MGRM () Delete
Name: RAMSEY, WILLIAM S
Address: 5263 GOLDEN GATE PKWY UNIT D
City-St-Zip: NAPLES, FL 34116

Title: MGRM () Delete
Name: RAMSEY, GEORGE F
Address: 85 WEDDINGTON BRANCH RD
City-St-Zip: PIKEVILLE, KY

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RAMSEY, WILLIAM S
Address: 3332 WHITE BLVD
City-St-Zip: NAPLES, FL 34117

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM S RAMSEY

MGRM

05/02/2007

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