2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000005543

1. Entity Name RAMKEY LLC



Principal Place of Business

1001 EAST ATLANTIC AVE SUITE 202

DELRAY BEACH, FL 33483

Mailing Address

1000 MARKET ST SUITE 300

PORTSMOUTH, NH 03801

FILED Apr 23, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 04-3640130

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 Florid	fa. I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000915633 05/09/08-80024-001 138.

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADE, RICHARD C 1000 MARKET STEET PORTSMOUTH, NH 03801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CHY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\wedge	
11. I hereby certify that the information supplied with this filling does not qualify for the ex-		

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling foes 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 receiver or trustee empowered to execute this report as required the Chapter 609, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR TRINTED NA

BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/30/08

(603)559-Devising Phone # 21(57)