

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # L02000011180

1. Entity Name
RAMCO IMPEX LTD. CO.



Principal Place of Business
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

Mailing Address
12260 WILLOW GROVE RD
BLDG #2
CAMDEN, DE 19934

2. Principal Place of Business
35 Barrack Rd
Suite, Apt. #, etc.

3. Mailing Address
1220 N. Market St.
Ste 808
Suite, Apt. #, etc.

City & State
Belize City
Zip
Country
Belize

City & State
Wilmington, DE
Zip
Country
19801

03312005 Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, J. RICK
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

7. Name and Address of New Registered Agent

Name
Florida Filing & Search Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1333 N. Duval St.
City
Tallahassee FL Zip Code
32302

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 obligation of the registered agent.

SIGNATURE *[Signature]* Date 4-22-05
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
STREET ADDRESS VENTURE MANAGEMENT & RESEARCH, LTD.
CITY-ST-ZIP 35 BARRACK RD
BELIZE CITY BELIZE, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800051661888
04/22/05--01052--023 **1850.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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 a partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* Date 4-21-05 302-421-5752
Signature and Title of Signing Managing Member, Manager, or Authorized Representative Daytime Phone #