
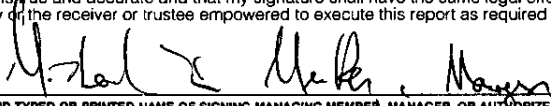


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90553 008 \*\*\*\*50.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # L02000022808</b><br>1. Entity Name<br><b>RAM VENTURES, LLC</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>16927 DISK DRIVE<br/>SPRING HILL, FL 34610</b>  |  |   | Mailing Address<br><b>PO BOX 11158<br/>SPRING HILL, FL 34610</b>   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |   |  |
| City & State  |  | City & State                                  |  |   |  |
| Zip   | Country  | Zip   | Country  | 4. FEI Number<br><b>54-2073155</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KEEKER, M.<br/>16927 DISK DRIVE<br/>SPRING HILL, FL 34610</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>MEEKER, M.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>16927 DISK DRIVE</b><br>City <b>Spring Hill</b> <b>FL</b> Zip Code <b>34610</b> |   |  |
| 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 reinstating) DATE _____   |  |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |  |   |  | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>MEEKER, M.I.<br/>PO BOX 11439<br/>SPRING HILL, FL 34610</b> | <input type="checkbox"/> Delete               |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete               |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete               |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete               |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete               |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete               |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete               |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete               |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete               |  |   |  |
| 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 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 by Chapter 608, Florida Statutes. |  |   |  |   |  |
| <b>SIGNATURE:</b>  <b>March 24 2004</b> <b>727-857 2418</b>  |  |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone  |  |   |  |   |  |