2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 23, 2004 8:00 am Secretary of State

| DOCUN 1. Entity Name RAM PRO | • | # L030000279 s, l.l.c. | | 02-23-2004 90347 040 ****50.00 | | | | | | |
|---|------------|---|--|--------------------------------|--|--|--------------------------|------------------------|-----------|-------------------|
| Principal Place 2323 SOUTH LAKELAND, FI | FLORIDA A | | Mailing Address 2323 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 | | | 24013611 | | | | |
| | | ······································ | A Mayor Address | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | 1611 IIII 61II 161I 631A | | | D) (0) 1031 |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 02192004 | Chg-LLC | CR2E083 | 3 (10/03) | |
| City & State | | | City & State | | | 4. FEI Number 56-238 | | | | Applicable |
| Zip | Country | | Zip | Count | try | 5. Certificate of Status Desired See Required \$5.00 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | |
| MILLER, RICHARD A | | | | | Name | | | | | |
| 2323 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| CARECAINE | J, r L 330 | 505 | | | | | | | | |
| | | | | City | | | | FL | Zip Code | |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | | | | | e check pa Departme | | |
| 9. | · · · · | MANAGING MEMBER | | 10. | 1 | | ADDITIONS/ | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2323 SO | RICHARD A UTH FLORIDA AVENUE ND, FL 33803 | ☐ Delete | | | | | | ☐ Chánge | Addition Addition |
| TITLE | D 11122 11 | 15,72 0000 | ☐ Delete | TITL | | | | | Change | Addition |
| NAME STREET ADDRESS | | | | NAM Stri | EET ADDRESS | | | | | , |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | ☐ Delete | | i i | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | ☐ Delete | | | | | | ☐ 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 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. | | | | | | | | | | |

2/19/04 Date