


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90001 016 \*\*\*\*50.00

<b>DOCUMENT # L03000030668</b>					
<b>1. Entity Name</b> RAMCO, LLC					
<b>Principal Place of Business</b> 430 39TH AVE S SAINT PETERSBURG, FL 33705			<b>Mailing Address</b> 430 39TH AVE S SAINT PETERSBURG, FL 33705		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0157160	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
NANDI FINANCIAL SERVICES, INC 8910 N.DALE MABRY SUITE#37 TAMPA, FL 33614			<b>Name</b> <i>Rebecca A. Johns</i>		
			<b>Street Address (P.O. Box Number is Not Acceptable)</b>		
			<i>430 39th Ave South</i>		
			<b>City</b> <i>St. Petersburg</i> <b>FL</b>		<b>Zip Code</b> <i>33705</i>
<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.</b>					
<b>SIGNATURE</b> <i>Rebecca A. Johns</i>			<b>DATE</b> <i>9-1-04</i>		
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRISHNASWAMI, SHREERAM 430 39TH AVE S SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNS, REBECCA A 430 39TH AVE S SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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>			<b>SIGNATURE:</b> <i>Rebecca A. Johns</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>DATE</b> <i>9-1-04</i> <b>DAYTIME PHONE #</b> <i>7276860191</i>		