



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90448 009 ****50.00

DOCUMENT # L04000001416					
1. Entity Name RAM SERVICES LLC					
Principal Place of Business 830 SW 25TH STREET, SW VERO BEACH, FL 32962			Mailing Address 830 SW 25TH STREET, SW VERO BEACH, FL 32962		
2. Principal Place of Business 830-25th Street SW.		3. Mailing Address 830-25th Street SW			
Suite, Apt. #, etc. 830-25th St. SW		Suite, Apt. #, etc. 830-25th St. SW		02072004 Chg-LLC CR2E083 (10/03)	
City & State Vero Beach		City & State Vero Beach, FL		4. FEI Number 61-1466157	
Zip 32962		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGH, RAMCHARRAN 830 SW 25TH STREET, SW. VERO BEACH, FL 32962			7. Name and Address of New Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
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: <i>Ramcharran Singh</i>				DATE: 05/11/04	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGH, RAMCHARAN 830 SW 25TH STREET, SW VERO BEACH, FL 32962		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <i>Ramcharran Singh</i>				Date: 05-11-04 Daytime Phone #: 772 567-4140	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					