

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90037 031 ****50.00

DOCUMENT # L04000010802										
1. Entity Name RAM MANAGEMENT LLC										
Principal Place of Business 951 BROKEN SOUND PKWY NW SUITE 150 BOCA RATON, FL 33487 US			Mailing Address 951 BROKEN SOUND PKWY NW SUITE 150 BOCA RATON, FL 33487 US							
2. Principal Place of Business 1040 SOUTH ROGERS CIRCLE Suite, Apt. #, etc.		3. Mailing Address 1040 SOUTH ROGERS CIRCLE Suite, Apt. #, etc.								
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 41-2125400 <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable			
Applied For										
Not Applicable										
Zip 33487	Country U.S.	Zip 33487	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						
6. Name and Address of Current Registered Agent WHITE, DANIEL T ESQ. 1304 NW 98TH TERRACE GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent <table border="1" style="width: 100%;"> <tr> <td>Name</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>City</td> </tr> <tr> <td>State FL</td> </tr> <tr> <td>Zip Code</td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	State FL	Zip Code
Name										
Street Address (P.O. Box Number is Not Acceptable)										
City										
State 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 _____ (NOTE: Registered Agent signature required when reappointing)										
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State								
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, ROBERT E 951 BROKEN SOUND PKWY NW, SUITE 150 BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1040 SOUTH ROGERS CIRCLE BOCA RATON, FL 33487						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, ARTHUR R JR. 951 BROKEN SOUND PKWY NW, SUITE 150 BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1040 SOUTH ROGERS CIRCLE BOCA RATON, FL 33487						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, MARK S 951 BROKEN SOUND PKWY NW, SUITE 150 BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1040 SOUTH ROGERS CIRCLE BOCA RATON, FL 33487						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> Delete		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: _____			1-6-05 (56) 998-0500							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #							