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Ballantyne Accounting Ser 40725

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90077 019 ****50.00

DOCUMENT # L04000029927			
1. Entity Name RAMKISHUN LLC			
Principal Place of Business 1201 SHELTER ROCK RD ORLANDO, FL 32835 US		Mailing Address 1201 SHELTER ROCK RD ORLANDO, FL 32835 US	
2. Principal Place of Business 2295 HIAWASSEE ROAD		3. Mailing Address AS ABOVE	
Suite, Apt. #, etc. SUITE 209		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State	
Zip 32835	Country ORANGE	Zip	Country
6. Name and Address of Current Registered Agent RAMKISHUN, LOAKHNAUTH 1201 SHELTER ROCK RD ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
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 RAMKISHUN, LOAKHNAUTH 1201 SHELTER ROCK RD ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Loakhnauth Ramkishun MD</i>		Date: <i>1.17.05</i> 321/2999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	