

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032067

Entity Name: RAM SB LLC

FILED  
Feb 11, 2005  
Secretary of State

## Current Principal Place of Business:

3306 SW 26TH AVENUE  
403  
OCALA, FL 34474

## New Principal Place of Business:

3306 SW 26TH AVENUE  
BUILDING 403  
OCALA, FL 34474

## Current Mailing Address:

3306 SW 26TH AVENUE  
403  
OCALA, FL 34474

## New Mailing Address:

3306 SW 26TH AVENUE  
BUILDING 403  
OCALA, FL 34474

FEI Number: 61-1473497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THE RANSOME GROUP  
3306 SW 26TH AVENUE  
403  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

THE RANSOME GROUP  
3306 SW 26TH AVENUE  
BUILDING 403  
OCALA, FL 34474 US

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.

SIGNATURE:

02/11/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: RANSOME, DAWSON A  
Address: 3306 SW 26TH AVENUE #403  
City-St-Zip: OCALA, FL 34474

Title: MGRM ( ) Delete  
Name: MCLAUCHLIN, BEN G  
Address: 3019 SW 27TH AVENUE  
City-St-Zip: OCALA, FL 34474

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAWSON RANSOME

MGR

02/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date