

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90306 004 \*\*\*\*55.00

DOCUMENT # L04000039297

1. Entity Name

RAMLYN, LLC



Principal Place of Business

Mailing Address

#1 POYDRAS STREET- SPACE 4  
NEW ORLEANS LA 70130

7833 PETERSEN POINT ROAD  
MILTON FL 32583



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

61-1476872

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, CAROLYN  
7833 PETERSON POINT ROAD  
MILTON FL 32583

Name

CAROLYN RYAN

Street Address (P.O. Box Number is Not Acceptable)

7833 Petersen Point Road

City

MILTON

FL

Zip Code

32583

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP		TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	
	MGRM					<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
	RYAN, CAROLYN	7833 PETERSEN POINT ROAD	MILTON	FL	32583								
						<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Carolyn C. Ryan

CAROLYN C. RYAN

4-24-07 (850)384-8767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #