

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90073 029 \*\*\*\*50.00

**DOCUMENT # L04000049394**

1. Entity Name  
**RAM LAF OVIEDO, LLC**



Principal Place of Business  
**2105 PARK AVENUE NORTH  
WINTER PARK, FL 32789**

Mailing Address  
**2105 PARK AVENUE NORTH  
WINTER PARK, FL 32789**



03292006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1383784</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**LIGHTSEY, ALTON L  
C/O LIGHTSEY & ASSOCIATES, P.A.  
2105 PARK AVENUE NORTH  
WINTER PARK, FL 32789**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MCARDLE, MICHAEL F 2105 DARK AVE NORTH WINTER PARK, FL 32789</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM PATEL, RAJUL 11009 S ORANGE BLOSSOM TRL ORLANDO, FL 32837</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Michael F. McArdle  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/29/06 407.622.0029  
Date Daytime Phone #

Michael F. McArdle