


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**

06-01-2005 90102 026 \*\*\*\*55.00

<b>DOCUMENT # L04000056707</b>	
1. Entity Name <b>RAM AIR L.L.C.</b>	

Principal Place of Business <b>6032 WEST PORT DR PORT RICHEY FL 34668</b>	Mailing Address <b>6032 WEST PORT DR PORT RICHEY FL 34668</b>
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2. Principal Place of Business <b>10068 Horizon Dr.</b> Suite, Apt. #, etc.	3. Mailing Address <b>10068 Horizon Dr.</b> Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/04)

City & State <b>Spring Hill FL</b>	City & State <b>Spring Hill FL</b>
Zip <b>34608</b>	Zip <b>34608</b>
Country <b>Hernando</b>	Country <b>Hernando</b>

4. FEI Number <b>55-0877839</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MYERS, STEVEN E 6032 WEST PORT DR PORT RICHEY FL 34668</b>	
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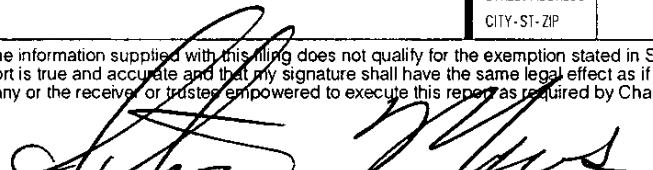
7. Name and Address of New Registered Agent	
Name <b>Steven E Myers</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>10068 Horizon Dr.</b>	
City <b>Spring Hill</b>	FL Zip Code <b>34608</b>

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 <b>Steven E Myers</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <b>5-23-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MYERS, STEVEN E 6032 WEST PORT DR PORT RICHEY FL 34668</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MYERS, JANICE A 6032 WEST PORT DR PORT RICHEY FL 34668</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Steven E Myers 10068 Horizon Dr. Spring Hill FL 34608</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Michael O. Hale 9451 McIntyre rd. Brooksville, FL 34601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Donald Wilfong 6809 Westend av. New Port Richey, FL 34655</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <b>5-24-05</b> <small>Date Daytime Phone #</small>