2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
03-24-2005 90201 022 ****50.00

DOCUMENT # L04000059556

1. Entity Name
RAMI HOLDINGS, LLC

Principal Place of Business	Mailing Address
13144 PARK BOULEVARD STE. C SEMINOLE, FL 33776	13144 PARK BOULEVARD STE. C SEMINOLE, FL 33776

3000415J

03022005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
13100 PARK BLVD	13100 PARK BLVD
Suite, Apt. #, etc. SUITE 8	Suite, Apt. #, etc. SUITE B
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0520175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name LND DEVELOPMENT COMPANY
Street Address (P.O. Box Number is Not Acceptable) 3018 STOVALL STREET
UNIT H
City TAMPA FL Zip Code 33629

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] KEVIN J. STEVENSON, PRESIDENT
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BALDWIN, RAND M 13144 PARK BOULEVARD STE. C SEMINOLE, FL 33776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	13100 PARK BLVD, SUITE B	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BICKEY, MINDY 13144 PARK BOULEVARD STE. C SEMINOLE, FL 33776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	13100 PARK BLVD, SUITE 8	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] Rand M. Baldwin 3/3/05 727 397 0746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #