

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000030375

1. Entity Name
RAMJ INVESTMENTS, LLC



Principal Place of Business
**256 SW BRENTWOOD WAY
LAKE CITY, FL 32024**

Mailing Address
**P O BOX 2242
LAKE CITY, FL 32056**



03292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 20-2595068 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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

6. Name and Address of Current Registered Agent

**ROCCO, RUSSELL T
256 SW BRENTWOOD WAY
LAKE CITY, FL 32024**

**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

00000000000015
05/06/08-80024-017 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR ROCCO, RUSSELL T 256 SW BRENTWOOD WAY LAKE CITY, FL 32024 |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM ROCCO, ANDREW 126 SW BRADSHAW GLEN LAKE CITY, FL 32024 |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM ROCCO, MATHEW 333 SW PEACE DR LAKE CITY, FL 32024 |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM ROCCO, JONATHAN 5712 SW STATE RD 47 LAKE CITY, FL 32024 |
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**DO NOT WRITE
IN THIS SPACE**

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:

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

4/18/08 (904) 434 8050

Date

Daytime Phone #